

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00604

1. Entity Name

BY THE BAY REALTY INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90074 007 ***150.00

Principal Place of Business

Mailing Address

166 BAYWIND DR
NICEVILLE FL 32578-6735
US

166 BAYWIND DR
NICEVILLE FL 33955-1856
US

2. Principal Place of Business

3. Mailing Address

1410 ISLAMORADA
Suite, Apt. #, etc.

1410 ISLAMORADA
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Punta Gorda FL
Zip
33955
Country
LEE

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Punta Gorda FL
Zip
33955
Country
LEE

4. FEI Number 59-3097635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANCE JR, IVAN
166 BAYWIND DR
NICEVILLE FL 32578

Name NANCE JR IVAN
Street Address (P.O. Box Number is Not Acceptable)
1410 ISLAMORADA Blvd
City Punta Gorda FL Zip Code 33955

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Ivan Nance Jr IVAN NANCE Jr 4.10.00
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NANCE, IVAN JR	
STREET ADDRESS	166 BAYWIND DR	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	NANCE IVAN Jr	<input type="checkbox"/> Delete
NAME	1410 ISLAMORADA Blvd	
STREET ADDRESS	PUNTA GORDA FL	
CITY-ST-ZIP	33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: Ivan Nance Jr IVAN NANCE Jr 4.10.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941-505-7748

CR2E034 (9/99)