

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90303 001 *****8.75
 09-06-2001 90303 002 ***550.00

DOCUMENT # V32634

1. Entity Name
HIDEAWAY BAY MANAGEMENT, INC.

Principal Place of Business
**12000 PLACIDA ROAD
 CAPE HAZE FL 33946**

Mailing Address
**P.O BOX 729
 PLACIDA FL 33947
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0331368**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**BATSEL, C. GUY
 % BATSEL MCKINLEY & ITTERSAGEN P.A.
 1861 PLACIDA RD., SUITE 104
 ENGLEWOOD FL 34223**

Name **James C. Batsel, III.**
 Street Address (P.O. Box number is Not Acceptable)
34 Sportsman Lane
 City **Rotonda** **FL** Zip Code **33947**

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

[Signature]

Signature, typed or printed name of registered agent and title 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **BATSEL, C. GUY**
 STREET ADDRESS **1861 PLACIDA RD., #104**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **James C. Batsel, III.**
 STREET ADDRESS **34 Sportsman Lane**
 CITY-ST-ZIP **Rotonda, FL 33947**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Katherine E. Batsel**
 STREET ADDRESS **34 Sportsman Lane**
 CITY-ST-ZIP **Rotonda, FL 33947**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/01 8006224433
 Date Daytime Phone #

CR2004 (5/01)