

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90172 042 \*\*\*\*61.25

**DOCUMENT # 769084**  
 Entity Name  
**EAST BAY ESTATES, INC.**

Principal Place of Business      Mailing Address  
 BOX 1978      BOX 1978  
 THOMASVILLE GA 31799      THOMASVILLE GA 31799



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **58-1577521**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BETTS, BEN F.**  
**104 N MAGNOLIA DR**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>METZNER, BRENDA H.</b>	
STREET ADDRESS	<b>701 S BROAD ST</b>	
CITY-ST-ZIP	<b>THOMASVILLE GA</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>METZNER, T.C.</b>	
STREET ADDRESS	<b>701 S BROAD ST</b>	
CITY-ST-ZIP	<b>THOMASVILLE GA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BETTS, BEN F.</b>	
STREET ADDRESS	<b>104 W. MAGNOLIA</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda H Metzner      Date: 2/5/02      Daytime Phone #: 229-227-0789

CR2E037 (9/01)