

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831504

1. Entity Name

BAY MEADOW CORPORATION OF FLORIDA

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90028 014 ***150.00

Principal Place of Business 2310 N PATTERSON ST BLDG H VALDOSTA GA 31602 US	Mailing Address 2310 N PATTERSON ST BLDG H VALDOSTA GA 31602-2500 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2910-B N. Ashley Street	3. Mailing Address 2910-B N. Ashley Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Valdosta, GA	City & State Valdosta, GA
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4. FEI Number 58-1154992	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 31602	Country Lowndes	Zip 31602	Country Lowndes
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BARINEAU, ELBERT 5019 VALLEY FARM RD TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAGAN BETTY J 5354 MOSS OAK TRAIL LAKE PARK GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAGAN DAVID M 5324 GOLF DRIVE LAKE PARK GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGAN, H.D. 5354 MOSS OAK TRAIL LAKE PARK GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hagan David M 5324 Golf Drive Lake Park, GA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hagan, H.D. 5354 Moss Oak Trail Lake Park, GA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 David M. Hagan DATE 03-03-00 DAYTIME PHONE # 912 245-8774