

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90850 050 ***150.00

DOCUMENT # 831504

1. Entity Name
BAY MEADOW CORPORATION OF FLORIDA

Principal Place of Business

**2910-B N. ASHLEY ST
 VALDOSTA GA 31602
 US**

Mailing Address

**2910-B N. ASHLEY ST
 VALDOSTA GA 31602
 US**

2. Principal Place of Business

2910 North Ashley Street

3. Mailing Address

2910 North Ashley Street

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Valdosta, Georgia

City & State

Valdosta, Georgia

4. FEI Number

58-1154992

Applied For

Not Applicable

Zip
31602

Country
Lowndes

Zip
31602

Country
Lowndes

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

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

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

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 \$150.00
 After May 1, 2002 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 Delete
ST
 NAME **HAGAN BETTY J**
 STREET ADDRESS **5354 MOSS OAK TRAIL**
 CITY-ST-ZIP **LAKE PARK GA**

TITLE Delete
P
 NAME **HAGAN DAVID M**
 STREET ADDRESS **5324 GOLF DRIVE**
 CITY-ST-ZIP **LAKE PARK GA**

TITLE Delete
D
 NAME **HAGAN, H.D.**
 STREET ADDRESS **5354 MOSS OAK TRAIL**
 CITY-ST-ZIP **LAKE PARK GA**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

David M. Hagan

David M. Hagan

4/11/02

(229)245-8774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)