

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90498 047 \*\*\*150.00

**DOCUMENT # F31214**

1. Entity Name  
**RBB MANAGEMENT AND CONSULTING, INC.**

Principal Place of Business Mailing Address  
~~RT. 2, BOX 44~~ **149 DANCY ST** ~~RT. 2, BOX 44~~ **149 DANCY ST**  
 EAST PALATA FL 32131 EAST PALATA FL 32131



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |                |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2081949</b>   | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                |
| Zip                            | Country | Zip                 | Country |   |                |

|   |  |  |             |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |             |
| <b>BUNTON, RAYMOND B.</b><br><del>RT. 2, BOX 44</del> <b>149 DANCY ST</b><br>EAST PALATKA, FL<br>PALATKA FL 32131 |  | 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 RAYMOND B. BUNTON *[Signature]* 3-26-2001  
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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br><b>BUNTON, RAYMOND B, JR</b><br>RT. 2, BOX 44<br>EAST PALAKAK FL      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br><b>BUNTON, RUBY R.</b><br>RT. 2, BOX 44 <b>DECEASED</b><br>PALATKA FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br><b>BUNTON, RAYMOND B</b><br>RT. 2, BOX 44<br>PALATKA, FL 00000       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 another like empowered.

SIGNATURE: RAYMOND B. BUNTON *[Signature]* 3-26-2001 386-328-3742  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)