

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G92126**

1. Entity Name
BUDDY BOY'S KOUNTRY KORNER, INC.

Principal Place of Business
**8430 C.R. 13 NORTH
ST. AUGUSTINE FL 32092**

Mailing Address
**8430 C.R. 13 NORTH
ST. AUGUSTINE FL 32092**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2399619** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRYANT, IRA E.
2900 JOE ASHTON ROAD
ST AUGUSTINE FL 32092

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 _____ (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

TITLE **DP** ☐ Delete
NAME **BRYANT, IRA E.**
STREET ADDRESS **2900 JOE ASHTON ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ Delete
NAME **BRYANT, MARJORIE D.**
STREET ADDRESS **2900 JOE ASHTON ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **DT** ☐ Delete
NAME **BRYANT, SERENA J**
STREET ADDRESS **8430 CR 13N**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

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
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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: **IRAE BRYANT** 7/15/01 (904) 522-0270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90005 034 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)