

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90089 033 \*\*\*150.00

**DOCUMENT # M52092**

1. Entity Name  
**B B & B MANAGEMENT CONSULTANTS, INC.**

**B0005868**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
 12011 CLEVELAND AVENUE. UNIT #6      12011 CLEVELAND AVENUE. UNIT #6  
 FT. MYERS FL 33907      FT. MYERS FL 33907-3751

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0017331**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 DOWNS, HOMER F II  
 30 SPORTSMAN LANE  
 ROTONDA WEST FL 33947

**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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LATHROP, LLOYD L JR</b>	
STREET ADDRESS	<b>3 OLE MUSKET RD</b>	
CITY-ST-ZIP	<b>CUMBERLAND FONSIDE ME 04110</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DOHENTY, MICHAEL J</b>	
STREET ADDRESS	<b>28396 SOMBRERO DR</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>	
TITLE	<b>ST.</b>	<input type="checkbox"/> Delete
NAME	<b>DOWNS, HOMER F II</b>	
STREET ADDRESS	<b>30 SPORTSMAN LANE</b>	
CITY-ST-ZIP	<b>ROTONDA WEST FL 33947</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		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>MICHAEL J DOHERTY</b>	<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Homer Downs*      **Homer Downs**      1/11/00      941-697-5168  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

C.F. 034 (9/99)