

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90055 046 \*\*\*\*70.00

**DOCUMENT # P37341**

1. Entity Name

**BEST BUDDIES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

100 SE 2ND STREET  
 SUITE 1990  
 MIAMI FL 33131  
 US

100 SE 2ND STREET  
 SUITE 1990  
 MIAMI FL 33131-2158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1614576**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHRIVER, ANTHONY**  
**100 SE 2ND STREET**  
**SUITE 1990**  
**MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANK, BRAD</b>	NAME	
STREET ADDRESS	<b>251 BEACON STREET STE 6</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHRIVER, ANTHONY K</b>	NAME	
STREET ADDRESS	<b>100 SE 2ND STREET, SUITE 1990</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAMS, MIKE</b>	NAME	
STREET ADDRESS	<b>201 S. BISCAYNE BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	(Please correct name below) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHRIVER, EUNICK</b>	NAME	<b>Shriver, Eunice K.</b>
STREET ADDRESS	<b>1325 G. STREET, SUITE 500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINGMAN, GERARD A</b>	NAME	
STREET ADDRESS	<b>HEARST AGENCY, CHRYSLER BLDG., 24TH FLOOR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOOK, RONALD L</b>	NAME	
STREET ADDRESS	<b>2999 NE 191 ST, STE 409</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)