

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37341

1. Entity Name

BEST BUDDIES INTERNATIONAL, INC.

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

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

Principal Place of Business

100 SE 2ND STREET  
SUITE 1990  
MIAMI FL 33131  
US

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

52-1614576

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 D ☐ Delete  
NAME BLANK, BRAD  
STREET ADDRESS 251 BEACON STREET STE 6  
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME SHRIVER, ANTHONY K  
STREET ADDRESS 100 SE 2ND STREET, SUITE 1990  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ABRAMS, MIKE  
STREET ADDRESS 201 S. BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHRIVER, EUNICK  
STREET ADDRESS 1325 G. STREET, SUITE 500  
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ Change ☐ Addition  
NAME (Please correct name below) ☒  
STREET ADDRESS Shriver, Eunice K.  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KLINGMAN, GERARD A  
STREET ADDRESS HEARST AGENCY, CHRYSLER BLDG., 24TH FLOOR  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOOK, RONALD L  
STREET ADDRESS 2999 NE 191 ST, STE 409  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)