

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 353567

1. Entity Name

BUDD MAYER OPERATING COMPANIES, INC.

FILED

00 OCT -4 PM 3:45

Principal Place of Business

3444 MEMORIAL HWY.
TAMPA FL 33607
US

Mailing Address

~~3444 MEMORIAL HWY.~~ 3840 N. 50TH ST.
TAMPA FL ~~33607~~ 33619
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3840 N. 50TH ST.

Suite, Apt. #, etc.

City & State

TAMPA FL.

4. FEI Number 59-1272698

Applied For
Not Applicable

Zip

Country

Zip

Country

33619 HILLSBOROUGH

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

ERGER, ROBERT B

~~3444 MEMORIAL HWY.~~
~~TAMPA FL 33607~~

Name ROBERT B. ERGER

Street Address (P.O. Box Number is Not Acceptable)
3840 N. 50TH ST.

City TAMPA

FL

Zip Code 33619

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

Robert B. Erger

ROBERT B. ERGER

10/3/00

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 13, 2000 Min. 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
NAME SUNDERLAND, C MICHAEL
STREET ADDRESS 3444 MEMORIAL HWY
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE DST
NAME ERGER, ROBERT B
STREET ADDRESS 3444 MEMORIAL HWY
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME REID, CHARLES A
STREET ADDRESS 2100 RIVERCHASE CENTER
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003456362--5
-11/07/00--01134--019
****750.00 ☒ Change ☐ Addition

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

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

TITLE DIRECTOR
NAME HERB BELL
STREET ADDRESS 3444 MEMORIAL HWY
CITY-ST-ZIP TAMPA FL 33607 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secy

10/3/00

Date

813)621-4991

Daytime Phone #

CR2E034 (5/00)