

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90079 014 ***550.00

DOCUMENT # 353567

1. Entity Name
BUDD MAYER OPERATING COMPANIES, INC.

Principal Place of Business

**3444 MEMORIAL HWY.
TAMPA FL 33607
US**

Mailing Address

**3840 N. 50TH STREET
TAMPA FL 33619**

2. Principal Place of Business

5908 BRECKENRIDGE PKWY.

3. Mailing Address

Suite, Apt. #, etc. **SAME**

City & State
TAMPA FL

City & State

4. FEI Number **59-1272698**

Applied For

Not Applicable

Zip **33610**

Country **HILLSBOROUGH**

Zip

Country

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

6. Name and Address of Current Registered Agent

**ERGER, ROBERT B
3840 N. 50TH STREET
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5908 BRECKENRIDGE PKWY

City **TAMPA**

FL

Zip Code **33610**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert B. Erger** **ROBERT B. ERGER** **SECY' TREAS** **9/10/02**

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

(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 13, 2002 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 **SUNDERLAND, C MICHAEL**
STREET ADDRESS **3444 MEMORIAL HWY**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **D VP** ☐ Delete
NAME **BELL, HERB**
STREET ADDRESS **3444 MEMORIAL HWY.**
CITY-ST-ZIP **TAMPA FL 33607**

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 **5908 BRECKENRIDGE PKWY**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5908 BRECKENRIDGE PKWY**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5908 BRECKENRIDGE PKWY**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR - VICE PRES.**
STREET ADDRESS **LUTHER W. PITTS JR**
CITY-ST-ZIP **5908 BRECKENRIDGE PKWY**
TAMPA FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Robert B. Erger** **REQUIRED Secy/Treas.** **9/10/02** **813) 342-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)