

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 591950

1. Entity Name

VBB ENTERPRISES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90117 015 \*\*\*150.00

Principal Place of Business

Mailing Address

240 S. PINEAPPLE AVE., 10TH FLOOR  
P. O. BOX 49948  
SARASOTA FL 34236

240 S. PINEAPPLE AVE., 10TH FLOOR  
P. O. BOX 49948  
SARASOTA FL 34236-6717

2. Principal Place of Business

240 S. Pineapple Avenue

3. Mailing Address

P.O. Box 49948

Suite, Apt. #, etc.

10th Floor

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

59-1862855

Applied For

Not Applicable

Zip

Country

34236

USA

Zip

Country

34230-6948

USA

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

RUSSELL, JEFFREY S.  
240 S. PINEAPPLE AVE., 10TH FLR.  
SARASOTA FL 34236

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RUSSELL, JEFFREY S.  
STREET ADDRESS 240 S PINEAPPLE 10TH FLR  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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.

Jeffrey S. Russell

Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

(941) 366-6660

Date

Daytime Phone #

CR2E034 (9/99)