

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 629877

1. Entity Name

BOULEVARD TRAVEL CENTER, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90144 019 ***150.00

Principal Place of Business

4337 N OCEAN DRIVE
LAUDERDALE-BY-THE-SEA FL 33308
US

Mailing Address

4337 N OCEAN DRIVE
LAUDERDALE-BY-THE-SEA FL 33308-5025
US

2. Principal Place of Business

218 COMMERCIAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

218 COMMERCIAL BLVD.

Suite, Apt. #, etc.

City & State

LAUDERDALE BY THE SEA

Zip

33308

Country

City & State

LAUDERDALE BY THE SEA

Zip

33308

Country

4. FEI Number

59-1935286

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

BUFFERD, SHELDON B
5608 PGA BLVD
PALM BEACH GARDENS FL 33418

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	C	<input type="checkbox"/> Delete
NAME	RHOADS, D DEAN	
STREET ADDRESS	11465 OLD HARBOUR RD	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUFFERD, SHELDON B.	
STREET ADDRESS	5608 PGA BLVD.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	TARTAKOW, OLIVIA A.	
STREET ADDRESS	18 ELGIN LN	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sheldon B. Bufferd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELDON B. BUFFERD

4/18/2000

Date

(561) 626-2295

Daytime Phone #

CR2E034 (9/99)