2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Na		# 73411 BCH, INC.	7			01-21-2003 90147 006 ****61.25				
Principal Place of Business 2828 51ST ST. SARASOTA FL 34234			Mailing Address 2828 51ST ST. SARASOTA FL 34234	2828 51ST ST.		₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽				
2. Principal	Place of Busir	ness	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	ite		City & State	City & State			4. FEI Number 59–1656646 Applied For			
Zip Country			Zip	Zip Coun		5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					-
					Name					1
2828 513		H	managan ya Tili ya ng	-	Street Address	(P.O. Box Number is No	t Acceptable)			- - -
-,,				-	City	FL Zip Code				-
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if applicable. (NOTE		Agent signature require		DATE	le Davishla	A	\ - 1
FILE NOW: FEE IS \$61.25			Trust Fund C			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of Sta				
10.	T ==	OFFICERS AND	DIRECTORS	RS 11.		ADDITIONS/CHANGES	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			1
TITLE Name Street address City-St-Zip	PD D JOHNSON, RONALD H. 2828 51ST ST. SARASOTA FL		☐ Defete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	CR2E037 (10/02)
TITLE VAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, 2828 51ST	NOLA J	☐ Delete		ADDRESS T-ZIP	☐ Change ☐ Ad			Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAN NORT 6588 WEST				ADDRESS	☐ Change ☐ Addition				
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	VD JOHNSON, 2250 SEWA SARASOTA	GUERIN E ARD DR	☐ Delete	TITLE NAME	ADDRESS	ν.	. 74	Change	Addition	
ITLE IAME TREET ADDRESS	VD DEHART, J 3011 61ST		☐ Delete	TITLE NAME STREET	ADDRESS		· · · · ·	☐ Change	☐ Addition	}

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SARASOTA FL 34243

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

941-355-3142

☐ Change

Addition

FILED
Jan 21, 2003 8:00 am