

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755472

1. Entity Name

THE BACHELORS, INC.

Principal Place of Business

P.O. BOX 140611  
CORAL GABLES FL 33114-0611

Mailing Address

P.O. BOX 140611  
CORAL GABLES FL 33114-0611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0313875

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

SHANNON, R MATTHEW  
2930 DAY AVE #203  
MIAMI FL 33133

Name **Charles V. Williams**

Street Address (P.O. Box Number is Not Acceptable)  
**99 N.E. 17 Court**

City **Fort Lauderdale** FL Zip Code **33305-2917**

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

4/14/00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **SESSIONS, WILLIAM T**  
STREET ADDRESS **711 UNIVERSITY DR**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **SHANNON, R MATTHEW**  
STREET ADDRESS **2930 DAY AVE #203**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **TO** ☐ Change ☒ Addition  
NAME **Charles V. Williams**  
STREET ADDRESS **99 NE 17 Court**  
CITY-ST-ZIP **Fort Lauderdale, FL 33305-2917**

TITLE **PD** ☒ Delete  
NAME **STRAHM, MICHAEL A**  
STREET ADDRESS **1717 N BAYSHORE DR #3752**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Roger M. Dunetz**  
STREET ADDRESS **88 Cadima Avenue**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **SD** ☒ Delete  
NAME **COLE, CHRISTOPHER W**  
STREET ADDRESS **2945 BRIDGEPORT AVE NE**  
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **SD** ☒ Delete  
NAME **VOGEL, H S**  
STREET ADDRESS **3077 CENTER ST**  
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles V. Williams**

4/14/00

(954) 527-0859

Date

Daytime Phone #

CR2E037 (9/99)