

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90282 025 ***150.00

DOCUMENT # F00000004506

1. Entity Name

BBC HEALTHCARE ENTERPRISES, INC.

Principal Place of Business

**300 GLEED AVENUE
EAST AURORA NY 14502**

Mailing Address

**300 GLEED AVENUE
EAST AURORA NY 14502**

910526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 Gleed Avenue

Suite, Apt. #, etc.

3. Mailing Address

300 Gleed Avenue

Suite, Apt. #, etc.

City & State

East Aurora NY

City & State

East Aurora NY

4. FEI Number **16-1442777**

Applied For

Not Applicable

Zip

14052

Country

USA

Zip

14052

Country

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

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE, SUITE 200
TALLAHASSEE FL 32301**

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, 2001 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** ☐ Delete
NAME **CHUR, BARBARA B**
STREET ADDRESS **166 DAVIS ROAD**
CITY-ST-ZIP **EAST AURORA NY 14052**

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

TITLE **V** ☐ Delete
NAME **FELDMAN, JAY A**
STREET ADDRESS **167 RUSKIN ROAD**
CITY-ST-ZIP **AMHERST NY 14226**

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

TITLE **S** ☐ Delete
NAME **BRYLINSKI, PAULETT K**
STREET ADDRESS **416 SOUTH STREET**
CITY-ST-ZIP **EAST AURORA NY 14052**

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

TITLE **V** ☐ Delete
NAME **TEHAN, ELISABETH C**
STREET ADDRESS **6 WOODCREST DRIVE**
CITY-ST-ZIP **ORCHARD PARK NY 14127**

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

TITLE **T** ☐ Delete
NAME **DENZ, DONALD T**
STREET ADDRESS **7757 CENTER ROAD**
CITY-ST-ZIP **WEST FALLS NY 14170**

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01 716/652-2820

CR2E034 (10/00)