

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F35309

1. Entity Name

B. N. C., INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90167 021 ***150.00

Principal Place of Business

Mailing Address

2411 HALPERNS WAY
MIDDLEBURG FL 32068

P.O. BOX 810
MIDDLEBURG FL 32050-0810

2. Principal Place of Business

4271 John Cemetery
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 810
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Middleburg FL

City & State
Middleburg FL

4. FEI Number 59-2116347

Applied For
Not Applicable

Zip Country
32068 USA

Zip Country
32050

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

NEWMAN, BRUCE C.
2411 HALPERNS WAY
MIDDLEBURG FL 32068

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	VD	<input type="checkbox"/> Delete
NAME	NEWMAN, JAMES W	
STREET ADDRESS	4271 JOHNS CEMETARY RD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWMAN, BRUCE C	
STREET ADDRESS	2411 HALPERNS WAY	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEWMAN, FRANCES J	
STREET ADDRESS	2411 HALPERNS WAY	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

James Newman
James Newman
President

Date

Daytime Phone #

904-282-5073

CR2E034 (9/99)