2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700000133 1. Entity Name BUSTER BROWN INVESTMENT CLUB, LLC					FILED Feb 24 2000 8:00 am			
Principal Plac	e of Business	Mailing Address	Address		Secretary of State			
		8955 BENSALEM DRIVE JACKSONVILLE FL 32257-5354						
2. Principal Place of Business 3. f		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		Sumber 59-3424784	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	plied For ot Applicable	
Zip Country		Zip	p Country		5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
BARNES, ALEXIS 3542 ALMEDA STREET				dress (P.O. Box N	ss (P.O. Box Number is Not Acceptable)			
JACKSON	VILLE: FL 32209		City			Zip Code	e	
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agen FILE NOW!!! FEE Make Check Payable to De			· · · · · · · · · · · · · · · · · · ·	0.00				
9.	MANAGING MEMBE		10.		ADDITIONS/CHANG			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A BARNES, ALEXIS 3542 ALMEDA ST JACKSONVILLE FL 32209	Codate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		70000316; -03/08/00- *****55.00	010460	□ Addition 2 205 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEONARD, REGINALD 8955 BENSALEM DRIVE JACKSONVILLE FL 32257	Debito	TITLE NAME STREET ADDRESS CJTY-ST-ZIP	ml	3/6/00	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUNDY, JUNE S 6536 ARROWROOT DR. JACKSONVILLE FL 32244	Dedecto	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, HENRY L SR. 4617 HARBOR VIEW DR. JACKSONVILLE FL 32208	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, H 3931 ANVERS BLVD. JACKSONVILLE FL 32257	□ Delate	TITLE HAME STREET ADDRESS CITY-ST-ZEP			☐ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, THOMAS 8955 BENSALEM DRIVE JACKSONVILLE FL 32257	Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicatéd	certify that the information supplied with on this report is true and accurate and to bility company or the receiver or trustee	that my signature shall have th	e same legal effect	t as if made unde	r oath; that I am a managing men	certify that the in their or manage	nformation r of the	

Daytime Phone #