

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000133

1. Entity Name

BUSTER BROWN INVESTMENT CLUB, LLC

FILED

01 FEB 15 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8955 BENSELEM DRIVE
JACKSONVILLE FL 32257

Mailing Address

8955 BENSELEM DRIVE
JACKSONVILLE FL 32257

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

59-3424784

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES, ALEXIS
3542 ALMEDA STREET
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

HENRY SIMON SR

Street Address (P.O. Box Number is Not Acceptable)

4617 HARBOR VIEW DR

City

Jacksonville

FL

Zip Code

32208

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM
BARNES, ALEXIS
3542 ALMEDA ST
JACKSONVILLE FL 32209

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGR
LEONARD, REGINALD
8955 BENSELEM DRIVE
JACKSONVILLE FL 32257

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM
LUNDY, JUNE S
6536 ARROWROOT DR.
JACKSONVILLE FL 32244

☐ Delete

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

MGRM
JOHNSON, H
3931 ANVERS BLVD.
JACKSONVILLE FL 32257

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM
ABRAMS, THOMAS
8955 BENSELEM DRIVE
JACKSONVILLE FL 32257

☒ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP

HOWARD
9232 10th AVE
JACKSONVILLE FL 32208

☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

900003708543--6

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

-02/19/01--0000--02
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Registered: [Signature]

2/6/01 904-739-9671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)