

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001346

1. Entity Name
BFWC - NORTH, L.L.C.

Principal Place of Business
15700 GULF BOULEVARD
REDINGTON BEACH FL 33708

Mailing Address
15700 GULF BOULEVARD
REDINGTON BEACH FL 33708-1732

APPROVED
AND
FILED

00 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3497107

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, MOORE & O'CONNOR, P.A.
2240 BELLEAIR ROAD, SUITE 160
CLEARWATER FL 33764

Name

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

700003249217--8

-05/11/00--0114--001

*****50.00 *****50.00

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR SHRYOCK, JUDITH M ☒ Delete
STREET ADDRESS 15700 GULF BOULEVARD
CITY - ST - ZIP REDINGTON BEACH FL 33708

TITLE NAME MGR CHRIS SHRYOCK ☐ Change ☒ Addition
STREET ADDRESS 15700 GULF BLVD
CITY - ST - ZIP REDINGTON Bch FL 33708

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME MEMBER JUDITH M SHRYOCK ☐ Change ☒ Addition
STREET ADDRESS 15700 GULF BLVD
CITY - ST - ZIP REDINGTON Bch FL 33708

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)