

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0001568 AF

DOCUMENT # L99000002697

1. Entity Name

BUFFKIN RESIDENTIAL RENTALS, L.C.

00 MAY -4 PM 12: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

355 EAST HALL ROAD  
MERRITT ISLAND FL 32953

Mailing Address

355 EAST HALL ROAD  
MERRITT ISLAND FL 32953-8408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0928915

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

BUFFKIN, CHRISTINA L  
355 EAST HALL ROAD  
MERRITT ISLAND FL 32953

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM BUFFKIN, ROBERT E TRUSTEE  
STREET ADDRESS 355 EAST HALL ROAD  
CITY- ST- ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003269227--2  
CITY- ST- ZIP -05/26/00--01108--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM BUFFKIN, CHRISTINA L TRUSTEE  
STREET ADDRESS 355 EAST HALL ROAD  
CITY- ST- ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE NAME ☐ Delete  
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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

4/28/00

Date

321-452-2282

Daytime Phone #

CR: E083 (9/99)