

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004557**

1. Entity Name
B.T. JOINT VENTURES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 22 AM 10:02

Principal Place of Business
169 N. ANDULSIA AVE.
SEAGROVE BEACH FL 32459

Mailing Address
169 N. ANDULSIA AVE.
SEAGROVE BEACH FL 32459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
80 Cullman Ave
Suite, Apt. #, etc.

3. Mailing Address
80 Cullman Ave
Suite, Apt. #, etc.

City & State
Seagrove Bch FL
Zip
32459
Country
Walton

City & State
Seagrove Bch FL
Zip
32459
Country
Walton

4. FEI Number
59-3593849

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FRANKLIN H. WATSON, P.A.
5365 E. HWY 30-A, STE 105
SEA GROVE BEACH FL 32459

7. Name and Address of New Registered Agent
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/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEAUCHAMP, KRISTAL S 169 N ANDALUSIA AVE. SEAGROVE BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	80 Cullman Ave Seagrove Bch FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRETT, TIMOTHY E 430 SEACREST DR. PANAMA CITY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000003384519--0 -09/06/00--01112--003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Kristal S Beauchamp** 8/15/00 (850) 231-3090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

C:\R2E083 (5/00)