

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004557

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

Principal Place of Business
80 CULLMAN AVE.
SEAGROVE BEACH FL 32459

Mailing Address
80 CULLMAN AVE.
SEAGROVE BEACH FL 32459

FILED

01 FEB 16 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 59-3593849

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

FRANKLIN H. WATSON, P.A.
5365 E. HWY 30-A, STE 105
SEA GROVE BEACH FL 32459

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 MGR BEAUCHAMP, KRYSTAL S ☐ Delete
STREET ADDRESS 80 CULLMAN AVE.
CITY-ST-ZIP SEAGROVE BEACH FL 32459

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003745573--7
CITY-ST-ZIP -02/21/01--01083--006
*****50.00 *****50.00

TITLE NAME MGR BARRETT, TIMOTHY E ☒ Delete
STREET ADDRESS 430 SEACREST DR.
CITY-ST-ZIP PANAMA CITY BEACH FL

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

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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:

Kristal Beauchamp

1/26/01

(850) 231-3090

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

Date

Daytime Phone #

0024383

AF

CR2E083 (11/00)