

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005198

1. Entity Name  
BVB INVESTMENTS, LLC

Principal Place of Business  
3019 SW 27TH AVENUE  
SUITE 202  
OCALA FL 34474

Mailing Address  
3019 SW 27TH AVENUE  
SUITE 202  
OCALA FL 34474

FILED

01 MAY 21 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1700 SE 17th Street

3. Mailing Address  
1700 SE 17th Street

Suite, Apt. #, etc.  
#300

Suite, Apt. #, etc.  
#300

City & State  
Ocala, FL

City & State  
Ocala, FL

Zip  
34471

Country  
USA

Zip  
34471

Country  
USA

4. FEI Number 59-3595519

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOYD, ROY T III  
3019 SW 27TH AVENUE  
SUITE 202  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name  
Ray Thad Boyd, III MGRM  
Street address (P.O. Box Number is Not Acceptable)  
1700 SE 17th Street  
#300  
City Ocala FL Zip Code 34471

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	MGR BOYD, ROY T III 3019 SW 27TH AVENUE SUITE 202 OCALA FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray Thad Boyd, III - MGRM 1700 SE 17th Street, #300 Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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:

SIGNATURE REQUIRED

3-27-01

352-861-2248

CR2E083 (11/00)

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