

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # **L99000005460**

1. Entity Name
ABF HOLDINGS, LLC

MAY -3 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**27 FLETCHER AVENUE
SARASOTA FL 34237**

Mailing Address
**27 FLETCHER AVENUE
SARASOTA FL 34237-6017**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3512 US Hwy 41 N

3. Mailing Address
3512 US Hwy 41 N

Suite, Apt. #, etc.

City & State
Palmetto FL

City & State
Palmetto FL

Zip
34221

Country
Manatee

Zip
34221

Country
Manatee

4. FEI Number
65-0944711

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FINKELSTEIN, DAVID
27 FLETCHER AVENUE
SARASOTA FL 34237**

7. Name and Address of New Registered Agent
Name
Andrew T. Franzos

Street Address (P.O. Box Number is Not Acceptable)
3512 US Hwy 41 N

City
Palmetto

State
FL

Zip Code
34221

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 **Andrew T. Franzos** DATE **4/26/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANOSZ, HELENA 621 LANTERN RIDGE DRIVE WINSTON-SALEM NC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTOL, ALEXANDER 9117 SOUTH CHRISTINA DRIVE HICKORY HILLS IL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTOL, MARIA 9117 SOUTH CHRISTINA DRIVE HICKORY HILLS IL <input checked="" 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	MGRM FRANOSZ, ANDREW T. 3512 US Hwy 41 N PALMETTO FL 34221 <input type="checkbox"/> Change <input checked="" 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
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
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Andrew T. Franzos** DATE **4/25/00** DAYTIME PHONE # **941-952-9449 ext-111**

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

CR2E083 (9/99)