

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000418 AF

DOCUMENT # L99000005671

1. Entity Name
BAS INVESTMENTS, LLC

00 MAY 22 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11363-300 SAN JOSE BLVD
JACKSONVILLE FL 32223

Mailing Address
11363-300 SAN JOSE BLVD
JACKSONVILLE FL 32223-7959



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. FEE Number
59-3596589

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

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD., STE 100
JACKSONVILLE FL 32216

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 _____ (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 MGRM
NAME ANGELO, MARC
STREET ADDRESS 11363-300 SAN JOSE BLVD
CITY- ST- ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

400003287774-4
-06/14/00--01008--001
*****50.00 *****50.00

TITLE MGRM
NAME BALANKY, MICHAEL F
STREET ADDRESS 11363-300 SAN JOSE BLVD
CITY- ST- ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM
NAME SCHULTZ, JOHN
STREET ADDRESS 11363-300 SAN JOSE BLVD
CITY- ST- ZIP JACKSONVILLE FL

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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: Marc Angelo 4/6/00 904-268-2247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E013 (1/1)