

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006283**

1. Entity Name
BUFFY GROUP, L.L.C.

Principal Place of Business
1510 9TH STREET NORTH
ST PETERSBURG FL 33704

Mailing Address
1510 9TH STREET NORTH
ST PETERSBURG FL 33704-4202



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

59-3612937

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

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

Name **Robert K. Fredericks MGRM**
Street Address (P.O. Box Number is Not Acceptable)
2020 Carolina Ave NE
City **St. Petersburg FL 33703**

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 *Robert K. Fredericks MGRM* **Robert K. Fredericks MGRM** **4-13-2000**
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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Robert K. Fredericks MGRM	2020 Carolina Ave NE	St. Petersburg, FL 33703		
	Keith Fredericks	7936 1st Ave South	St. Petersburg, FL 33703		

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: *Robert K. Fredericks MGRM* **Robert K. Fredericks MGRM** **4-13-2000** **727/894-3392**
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #

CR2E083 (9/99)