

2001 UNIFORM BUSINESS REPORT (UBR)

0031658 AB

DOCUMENT # M99000001843

1. Entity Name

BBL - FLORIDA, LLC

FILED

2001 MAY -2 PM 6:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

52 CORPORATE CIRCLE
ALBANY NY 12203

Mailing Address

52 CORPORATE CIRCLE
ALBANY NY 12203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1815984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

1000004325961-2
-05/29/01--01132--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
BARRY, BETTE & LED DUKE, INC
STREET ADDRESS 52 CORPORATE CIRCLE
CITY-ST-ZIP ALBANY NY 12203

TITLE NAME Member ☐ Change ☒ Addition
Mary Ann Bette
STREET ADDRESS 26 East Ridge
CITY-ST-ZIP Loudonville, NY 12211

TITLE NAME MGRM ☐ Delete
BETTE, MICHAEL F
STREET ADDRESS 52 CORPORATE CIRCLE
CITY-ST-ZIP ALBANY NY 12203

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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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:

Michael F. Bette
Michael F. Bette Managing Member

4/30/2001

518 452-8200

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

Date

Daytime Phone #

CR2E083 (11/00)