

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0028239
AF

DOCUMENT # **M99000001947**

1. Entity Name
BOYKIN BARNETT COMPANIES LLC

Principal Place of Business
**4002 S. MANHATTAN AVENUE
TAMPA FL 33611**

Mailing Address
**P.O. BOX 18082
TAMPA FL 33679**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**5041 W. CYPRESS ST.
Suite, Apt. #, etc. 300**

3. Mailing Address
**PO BOX 18082
Suite, Apt. #, etc.**

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
54-1952092

Applied For
 Not Applicable

Zip ~~33607~~ Country **US**

Zip **33679** Country **US**

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

6. Name and Address of Current Registered Agent

**MERRILL, RANDOLPH S
3322 N. SAN MIGUEL STREET
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **RANDOLPH S. MERRILL**
Street Address (P.O. Box Number is Not Acceptable)
5041 W. CYPRESS ST STE 300
City **TAMPA FL** Zip Code **33607**

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]* MGR.

4-13-01

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 **MGR HAZEL, ANN B** Delete
STREET ADDRESS **6254 HUNTLEY ROAD**
CITY-ST-ZIP **BROAD RUN VA 20137**

TITLE NAME **MGR MERRILL, RANDOLPH S** Delete
STREET ADDRESS **3322 N. SAN MIGUEL ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGR RANDOLPH S. MERRILL** Change Addition
STREET ADDRESS **5041 W. CYPRESS ST STE 300**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE NAME **100004271751** Change Addition
STREET ADDRESS **-05/18/01--01101--019**
CITY-ST-ZIP *******50.00 *****50.00**

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: *[Signature]* MGR

4-13-01

813-361-9520

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

Date

Daytime Phone #

CR2E083 (11/00)