

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0028239
AF

DOCUMENT # M99000001947

1. Entity Name

BOYKIN BARNETT COMPANIES LLC

01 MAY -1 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-01

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

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 100004271
-05/18/01--01101--019
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4-13-01

813-361-9520

Date

Daytime Phone #

CR2E083 (11/00)