

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90267 029 ****61.25

DOCUMENT # N27942

1. Entity Name

BIG BEND BUSINESS EXCHANGE, INC.



Principal Place of Business

P.O. BOX 10204
TALLAHASSEE FL 32302-2204

Mailing Address

P.O. BOX 10204
TALLAHASSEE FL 32302-2204

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 **59-2911972**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENTON, RICHARD E.
3837-A KILLEARN CT
TALLAHASSEE FL 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PVPD** ☐ Delete
NAME **THOMPSON, SANDRA**
STREET ADDRESS **777 MICCOSUKEE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PVPD** ☒ Change ☐ Addition
NAME **Larry Houff**
STREET ADDRESS **1743 Mahan Dr**
CITY-ST-ZIP **Tallahassee FL 32308**

TITLE **ST** ☒ Delete
NAME **TAYLOR, D**
STREET ADDRESS **2313 MICCOSUKEE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **ST** ☒ Change ☐ Addition
NAME **Sandra Thompson**
STREET ADDRESS **777 Miccosukee Rd**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **VPD** ☒ Delete
NAME **ALLEN, RANDY**
STREET ADDRESS **PO BOX 900**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Jim Gray**
STREET ADDRESS **3304 Wildwood Tr**
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

Daytime Phone #

CR2E037 (10/02)