

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91768 035 \*\*\*150.00

0096421 AV

**DOCUMENT # P00000031523**

1. Entity Name  
**BFC HOLDING CO.**



Principal Place of Business  
**250 PARK AVENUE SOUTH  
SUITE 630  
WINTER PARK FL 32789**

Mailing Address  
**P.O. BOX 3010  
WINTER PARK FL 32790-3010**



2. Principal Place of Business  
**250 South Park Avenue**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 630**

Suite, Apt. #, etc.

City & State  
**Winter Park, FL**

City & State

4. FEI Number **59-1225442**

Applied For  
Not Applicable

Zip **32789** Country **US**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BATTAGLIA, W.P.  
250 PARK AVENUE SOUTH  
SUITE 630  
WINTER PARK FL 32789**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**250 South Park Avenue**  
**Suite 630**  
City **Winter Park** **FL** Zip Code **32789**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSD  
BATTAGLIA, R.E.  
250 PARK AVENUE SOUTH - SUITE 630  
WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P. O. Box 3010  
Winter Park, FL 32790** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
BATTAGLIA, W.P.  
250 PARK AVENUE SOUTH - SUITE 630  
WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P. O. Box 3010  
Winter Park, FL 32790** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
BUTTS, ANSLEY B  
250 PARK AVENUE SOUTH - SUITE 630  
WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P. O. Box 3010  
Winter Park, FL 32790** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 607, 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03  
Date

407-622-1700  
Daytime Phone #

CR2E034 (10/02)