

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P00000089484

1. Entity Name

BBC OF ALTAMONTE, INC.

Principal Place of Business

Mailing Address

525 Altamonte Drive
Altamonte Springs, FL
32701

28870 US 19 N, Suite 300
Clearwater, FL 33761

2. Principal Place of Business

3. Mailing Address

1207 N. Himes Ave., Suite 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6

City & State

City & State

Tampa, FL 33607

4. FEI Number

593672563

Applied For

Not Applicable

Zip

Country

Zip

Country

33607

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 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

McNamara, Thomas
2909 Bay to Bay Boulevard, Suite 309
Tampa, FL 33629

Name

Noel K. Evans

Street Address (P.O. Box Number is Not Acceptable)

109 N. Brush Street, Suite 400

City

Tampa

FL

Zip Code
33602

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

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

Noel K. Evans

9/6/2001

DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME Walker, Mitchell J. ☒ Delete
STREET ADDRESS 28870 US 19N Suite 300
CITY-ST-ZIP Clearwater, FL 33761

TITLE D/P ☐ Change ☒ Addition
NAME Kenneth Henriquez
STREET ADDRESS 1207 N. Himes Ave, #6 Tampa, FL 33607
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/T/Assistant Secretary ☐ Change ☒ Addition
NAME Sharon Henriquez
STREET ADDRESS 1207 N. Himes Ave, #6 Tampa, FL 33607
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME Noel K. Evans
STREET ADDRESS 109 N. Brush St., #400, Tampa, FL 33602
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth R. Henriquez 9/6/2001

Date

Signature Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 OCT 15 PM 4:42

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10/23/01 5:01:44 PM
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9/10/18

813-877-1104