

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90317 048 ***150.00

DOCUMENT # P03000010794

1. Entity Name
FBBA PARTNERS I, INC.



Principal Place of Business
300 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801

Mailing Address
300 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801

54046302



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
82-0585368

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RODGERS, RICHARD A
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32801

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 \$150.00
After May 1, 2004 Fee will be \$550.00

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 **P, D** ☐ Delete
NAME **STAHLEY, SCOTT**
STREET ADDRESS **300 S. ORANGE AVE. SUITE 975**
CITY-ST-ZIP **ORLANDO, FL 32801**

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

TITLE **VP, D** ☐ Delete
NAME **BAKER, TIMOTHY R.**
STREET ADDRESS **300 S. ORANGE AVE. SUITE 900**
CITY-ST-ZIP **ORLANDO, FL 32801**

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

TITLE **S, D** ☐ Delete
NAME **BARRIOS, CARLOS JR.**
STREET ADDRESS **300 S. ORANGE AVE. SUITE 900**
CITY-ST-ZIP **ORLANDO, FL 32801**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/ /04 407-926-3000

Sign Here