

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000228

1. Entity Name

BBV COMPANY, INC.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90046 040 ***158.75

Principal Place of Business

7407 S.E. HILL TERRACE
HOBE SOUND FL 33455

Mailing Address

7407 S.E. HILL TERRACE
HOBE SOUND FL 33455-3851

2. Principal Place of Business

851 SE Monterey Commons Blvd.
Suite, Apt. #, etc.

3. Mailing Address

851 SE Monterey Commons Blvd.
Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34996

Country

Zip

34996

Country

4. FEI Number

65-0461327

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

SULLIVAN, JOHN W

7407 S.E. HILL TERRACE 851 SE Monterey Commons Blvd.
HOBE SOUND FL 33455 Stuart, FL 34996

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SULLIVAN, JOHN W 7407 S.E. HILL TERRACE HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SULLIVAN, SUSAN R 7407 SE HILL TERRACE HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOWLER, WILLIAM C 7407 SE HILL TERRACE HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SULLIVAN, JOHN W. 7211 SE GOLFHOUSE DR. HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SULLIVAN, SUSAN R. 7211 SE GOLFHOUSE DR. HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOWLER, WILLIAM C. 851 SE Monterey Commons Blvd. Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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

Date

Daytime Phone #

CR2E034 (9/99)