

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025322

1. Entity Name

BMD, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90199 049 \*\*\*150.00

Principal Place of Business

Mailing Address

2341 PORTER LANE DR  
#101  
SARASOTA FL 34240

% 218 S. BUMBY AVE  
ORLANDO FL 32803

B0007552

2. Principal Place of Business

3. Mailing Address

1941 BARBER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

4. FEI Number 65-0478627

Applied For

Not Applied

Zip 34240

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

FRACASSI, GARY A  
218 S. BUMBY AVE  
ORLANDO FL 32803

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 P ☐ Delete  
NAME MONEY, BENJAMIN  
STREET ADDRESS 2490 S. BISCAYNE DR  
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VP ☐ Change ☒ Addition  
NAME MONEY, GERALD W.  
STREET ADDRESS 8612 San Pablo  
CITY-ST-ZIP North Port, FL. 34287

TITLE ST ☐ Delete  
NAME MONEY, JOY D.  
STREET ADDRESS 2490 S. BISCAYNE DR  
CITY-ST-ZIP NORTH PORT FL

TITLE T ☐ Change ☒ Addition  
NAME EANNING, BECKY D.  
STREET ADDRESS 2639 YACOLT Ave.  
CITY-ST-ZIP North Port, FL. 34286

TITLE VP ☐ Delete  
NAME MONEY, KEITH A  
STREET ADDRESS 3133 REGATTA CIR  
CITY-ST-ZIP SARASOTA FL

TITLE S ☒ Change ☐ Addition  
NAME MONEY, JOY D.  
STREET ADDRESS 2490 S. Biscayne Dr.  
CITY-ST-ZIP North Port, FL. 34287

TITLE VP ☐ Delete  
NAME WEBB, TED  
STREET ADDRESS 1004 50TH ST N.W.  
CITY-ST-ZIP BRADENTON FL 34209

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)(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:

*B. Money* BEN A. MONEY

1-20-00

941-329-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #