

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034225

1. Entity Name

BBC INVESTMENT GROUP, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90018 048 ***150.00

Principal Place of Business

Mailing Address

~~253 ISLE WAY~~
~~PALM BEACH GARDENS FL 33418~~

253 ISLE WAY
PALM BEACH GARDENS FL 30512-6842

2. Principal Place of Business

2830 TIMBER LANE

3. Mailing Address

2830 TIMBER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLAIRSVILLE, GA

City & State

BLAIRSVILLE, GA

4. FEI Number

65-0578026

Applied For

Not Applicable

Zip

30512

Country

USA.

Zip

30512

Country

U.S.A.

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

SAUER, WILLIAM P JR.
253 ISLE WAY
PALM BEACH GARDENS FL 33418

Name

PATRICIA A. GRAY

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

C/O MARGARET SAUER

16968 FRESHWINDS CIRCE

City

JUPITER

FL

Zip Code

33477

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

Patricia A. Gray
Signature, typed or printed name of registered agent and title if applicable.

PATRICIA A. GRAY, PRES.

4/28/00

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 D
NAME SAUER, WILLIAM P JR.
STREET ADDRESS 253 ISLE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☒ Delete

TITLE D, P, S
NAME PATRICIA A. GRAY
STREET ADDRESS 2830 TIMBER LANE
CITY-ST-ZIP BLAIRSVILLE, GA 30512 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

Patricia A. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

706-781-2822
Daytime Phone #

CR2E034 (9/99)