

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90441 003 \*\*\*150.00

5002512

DOCUMENT # **P96000048257**

1. Entity Name  
**THE B GROUP, INC.**

Principal Place of Business  
**7450 FOUNDERS WAY  
 PONTE VEDRA BEACH FL 32082**

Mailing Address  
**7450 FOUNDERS WAY  
 PONTE VEDRA BEACH FL 32082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3389797**

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

**CRAWFORD, JOHN R  
 225 WATER STREET #900  
 JACKSONVILLE FL 32202**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City State 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, if applicable, (NOT Registered Agent signature required when re-registering) 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, 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  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change  Addition

|   |   |                                 |
|---|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D</b><br><b>BONO, RITA A</b><br><b>7450 FOUNDERS WAY</b><br><b>PONTE VEDRA BEACH FL 32082</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D</b><br><b>BONO, ERNEST P JR</b><br><b>7450 FOUNDERS WAY</b><br><b>PONTE VEDRA BEACH FL 32082</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D</b><br><b>BONO, CHRISTOPHER M</b><br><b>7450 FOUNDERS WAY</b><br><b>PONTE VEDRA BEACH FL 32082</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D</b><br><b>BONO, DANA K</b><br><b>7450 FOUNDERS WAY</b><br><b>PONTE VEDRA BEACH FL 32082</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |

|   |  |   |
|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-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 Ix empowered.

SIGNATURE: *Rita Bono* **Rita Bono (Pres.)** **4/25/01** **904)285-4146**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mon/year

CR2E034 (10/00)