

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042768

1. Entity Name

B B INVESTORS OF NORTH LAKE LAND, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90011 001 ***150.00

654100



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1421 COURT STREET, SUITE B
 CLEARWATER FL 34616

Mailing Address

1421 COURT STREET, SUITE B
 CLEARWATER FL 34616

2. Principal Place of Business

2435 U.S. HWY 19

3. Mailing Address

2435 U.S. HWY 19

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

Suite 220

City & State

HOLIDAY, FL

City & State

HOLIDAY, FL

4. FEI Number

59-3585646

Applied For

Not Applicable

Zip

34691

Country

USA

Zip

34691

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSEM, THOMAS G
 1421 COURT STREET, SUITE B
 CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name: GEIGER, William Z. JR.
 Street Address (P.O. Box Number is Not Acceptable): 2435 U.S. HWY 19
 Suite 220
 City: HOLIDAY, FL 34691

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, 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

TITLE: PSTD
 NAME: GEIGER, WILLIAM Z JR.
 STREET ADDRESS: 12600 S. BELCHER ROAD, 104-C
 CITY-ST-ZIP: LARGO FL 33773 ☐ Delete

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD ☒ Change ☐ Addition
 NAME: GEIGER, WILLIAM Z JR.
 STREET ADDRESS: 2435 U.S. HWY 19 STE 220
 CITY-ST-ZIP: HOLIDAY, FL 34691

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

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)