

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90011 001 ***150.00

DOCUMENT # P97000042768

1. Entity Name
B B INVESTORS OF NORTH LAKELAND, INC.

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
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2. Principal Place of Business 2435 U.S. HWY 19 Suite, Apt. #, etc. Suite 220 City & State HOLIDAY, FL	3. Mailing Address 2435 U.S. HWY 19 Suite, Apt. #, etc. Suite 220 City & State HOLIDAY, FL
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Zip 34691	Country USA	Zip 34691	Country USA
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4. FEI Number 59-3585646	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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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 FL 34691
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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: (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input type="checkbox"/> Delete	TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEIGER, WILLIAM Z JR.		NAME GEIGER, WILLIAM Z JR.	
STREET ADDRESS 12600 S. BELCHER ROAD, 104-C		STREET ADDRESS 2435 U.S. HWY 19 STE 220	
CITY-ST-ZIP LARGO FL 33773		CITY-ST-ZIP HOLIDAY, FL 34691	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)