

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000082749****1. Entity Name**
BKB II, INC.*6690-1***Principal Place of Business****240 S PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34236
US****Mailing Address****PO BOX 49948
SARASOTA FL 34230-6948
US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0783101**

Applied For

Not Applicable

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****BAND, DAVID S
240 S PINEAPPLE AVE
10TH FLOOR
SARASOTA FL 34236**

Name

Mark S. Kauffman

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

1937 Golf Street**2nd Floor**

City

Sarasota**FL**

Zip Code

34236**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***Mark S. Kauffman***Mark S. Kauffman,
Registered Agent****4/16/01**

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	BAND, DAVID S	
STREET ADDRESS	240 S PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAND, MYRNA L	
STREET ADDRESS	240 S PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, MARK S	
STREET ADDRESS	455 LONGBOAT KEY RD, #PH 4	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, IRENE E	
STREET ADDRESS	455 LONGBOAT KEY RD, #PH 4	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODSKY, RANDALL I	
STREET ADDRESS	3662 COUNTRY PLACE BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODSKY, RANDI L	
STREET ADDRESS	3662 COUNTRY PLACE BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Band, Director **4/16/01** **(941) 366-6660**

Date

Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90009 046 ***150.00

A0064404

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)