

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90005 044 ***550.00

DOCUMENT # P97000106383

1. Entity Name
BDC HOLDINGS, INC.

Principal Place of Business

401 W COLONIAL DRIVE
SUITE 7
ORLANDO FL 32804
US

Mailing Address

POST OFFICE BOX 3628
ORLANDO FL 32802-3628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

401 W. Colonial Dr

Suite, Apt. #, etc.

SUITE 7

City & State

ORLANDO FL

Zip

Country

32804

USA

4. FEI Number 59-3189893

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

MACARTHUR, WILLIAM H
401 W COLONIAL DRIVE, SUITE 7
SUITE 201
ORLANDO, FL 32804

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MACARTHUR, WILLIAM H	401 W COLONIAL DR, STE 7	ORLANDO FL 32804							
	AST			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CONANT, ELIZABETH S	401 W. COLONIAL DRIVE, SUITE 7	ORLANDO FL 32804							
	VP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VON KLUBE, HERB	401 W COLONIAL DRIVE, STE 7	ORLANDO FL 32804							
	VP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PARIS, DAN	401 W COLONIAL DR STE 7	ORLANDO FL 32804							
	VP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	FANT, JAMES H	401 W COLONIAL DR, STE 7	ORLANDO FL 32804							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (4/02)

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: *Equity* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 **407-425-8276**
 Date Daytime Phone #