

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90016 026 ***150.00

DOCUMENT # P98000022364

1. Entity Name

BFS MANAGEMENT SERVICES, INC.

Principal Place of Business

901 DONALD ROSS ROAD
JUNO BEACH FL 33408

Mailing Address

901 DONALD ROSS ROAD
JUNO BEACH FL 33408-1611

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 65-0827775

Applied For

Not Applied For

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

FERGUSON, DARL D
2000 NORTH CONGRESS AVENUE
SUITE 208
WEST PALM BEACH FL 33409

Name

F. R. Burdett

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

901 Donald Ross Road

City

Juno Beach

FL

Zip Code 33408

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCMD
NAME BURDETT, F R
STREET ADDRESS 901 DONALD ROSS ROAD
CITY-ST-ZIP JUNO BEACH FL 33408 ☐ Delete

TITLE P/V/T/S/D/C/M
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 #