

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90022 044 \*\*\*150.00

**DOCUMENT # P99000001156**

1. Entity Name  
**B. PARTNERS OF FLORIDA, INC.**

Principal Place of Business  
**2300 WHITTLESEY RD., STE. B**  
**COLUMBUS GA 31909**

Mailing Address  
**2300 WHITTLESEY RD., STE. B**  
**COLUMBUS GA 31909**

**P.O. Box 8213**  
**Columbus GA 31908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2442271**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEVINE, MARK S**  
**245 E. VIRINIA ST.**  
**TALLAHASSEE FL 32301**

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.

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, 2000 Min. 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  
**BARRON L. MORRELL Jr**  
**6263, BROOKSTONE Blvd, Columbus**  
**GA 31904**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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:

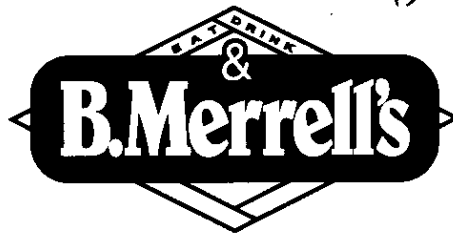
**BARON L MORRELL JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/1/00 706-660-1995**  
Daytime Phone #

CR2E034 (5/00)

attachment # P99000001156  
B0105707



September 7, 2000

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee FL 32302-1500

Ref.: B. Partners of Florida, Inc.

Id number: 58-2442271

Document #: P99000001156

Date of Notice:

Dear Sirs;

I am writing asking you to please wave any penalty, interest or late fees, for my 2000 uniform business report form for B. Partners of Florida, Inc. Document #P99000001156. This forms state that this was my second notice. I never receive the first notice, I assure you if I had received a notice I would have paid it timely. I received a notice for document #V30959 B. Merrell of Florida, Inc., but I did not get on for this one.

Enclosed please find a check in the amount of \$150.00. If you have any questions please call me at (706) 660-1995.

Thank You,

Linda Maine

Bookkeeper