

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90065 035 ***150.00

DOCUMENT # P99000016106

1. Entity Name

BF VENTURES, INC.

Principal Place of Business

Mailing Address

**5401 KIRKMAN RD., STE. 610-B
 ORLANDO FL 32819**

**5401 KIRKMAN RD., STE. 610-B
 ORLANDO FL 32819-7940**

00036366



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7081 Grand National Dr.

7081 Grand National Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

114

114

City & State

City & State

Orlando FL

Orlando FL

4. FEI Number

593569492

Applied For

Not Applicable

Zip

Country

Zip

Country

32819

USA

32819

USA

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

**SWANN & HADLEY, P.A.
 1031 WEST MORSE BOULEVARD
 SUITE 270
 WINTER PARK FL 32789**

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 \$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 **PD** ☐ Delete
 NAME **BAKER, STEVE**
 STREET ADDRESS **5401 KIRKMAN RD., STE. 610B**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **PD** ☐ Delete
 NAME **FARMERIE, PAUL**
 STREET ADDRESS **5401 KIRKMAN RD., STE. 610B**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Paul Farmerie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Co-President 3/2/00 407 351-0425
 Date Daytime Phone #