

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90082 028 \*\*\*150.00

**DOCUMENT # 214387**

1. Entity Name

**RED BARN, INC.**

Principal Place of Business

Mailing Address

6150 NEW TAMPA HIGHWAY  
 LAKELAND FL 33815  
 US

6150 NEW TAMPA HIGHWAY  
 LAKELAND FL 33815-3100  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0858313**

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

**JONES, CHARLES DAVID**  
**2615 AIRPORT RD**  
**LAKELAND FL 33811**

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

*Charles D Jones*

**3-31-00**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, CHARLES DAVID</b>	
STREET ADDRESS	<b>2615 AIRPORT ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, SHIRLEY ANN</b>	
STREET ADDRESS	<b>103 CAPRI COURT SOUTH</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LACY, FAY MARGARET</b>	
STREET ADDRESS	<b>2507 SOUTH GOLF VIEW DR</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, REBECCA W</b>	
STREET ADDRESS	<b>2615 AIRPORT ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Charles D Jones* **Charles D. Jones** **3-31-00** **863-686-2754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)