

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90190 033 ****61.25

DOCUMENT # 736710

1. Entity Name

BARRATARIA ISLAND ASSOCIATION, INC.

Principal Place of Business

258 BARRATARIA DR
 ST. AUGUSTINE FL 32086
 US

Mailing Address

PO BOX 4136
 PO BOX 4136
 ST. AUGUSTINE FL 32085
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2377635

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

RAYNOR, DAVID
 258 BARARATARIA DRIVE
 ST. AUGUSTINE FL 32086

Name

RICHARD ROGERS

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

236 BARRATARIA DR

City

St. Augustine

FL

Zip Code

32080

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: *Richard C Rogers*
 Signature, typed or printed name of registered agent and title if applicable.

RICHARD ROGERS/PRESIDENT

4/7/01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **CROSS, MICHAEL**
 STREET ADDRESS: **240 BARRATARIA DR**
 CITY-ST-ZIP: **ST.AUGUSTINE FL**

TITLE: **D** Change Addition
 NAME: **SALLY BAUER**
 STREET ADDRESS: **248 BARRATARIA DR,**
 CITY-ST-ZIP: **St. AUG. FL 32080**

TITLE: **D** Delete
 NAME: **LAZEAR, LYLE**
 STREET ADDRESS: **113 LAKEN LANE**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: **VP** Change Addition
 NAME: **RUDOLPH NUDD**
 STREET ADDRESS: **230 BARRATARIA DR.**
 CITY-ST-ZIP: **St. Aug. FL 32080**

TITLE: **VP** Delete
 NAME: **BAILEY, FILL**
 STREET ADDRESS: **283 BARRATARIA DR**
 CITY-ST-ZIP: **ST. AUGUSTINE FL 32086**

TITLE: **D** Change Addition
 NAME: **BUD TRAVIS**
 STREET ADDRESS: **231 BARRATARIA DR.**
 CITY-ST-ZIP: **St. Aug. FL 32080**

TITLE: **DT** Delete
 NAME: **CASTLEBERRY, CINDY**
 STREET ADDRESS: **234 BARRATARIA DR.**
 CITY-ST-ZIP: **ST AUGUSTINE FL**

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

TITLE: **P** Delete
 NAME: **RAYNOR, DAVID**
 STREET ADDRESS: **258 BARRATARIA DR.**
 CITY-ST-ZIP: **ST. AUGUSTINE FL**

TITLE: **P** Change Addition
 NAME: **RICHARD ROGERS**
 STREET ADDRESS: **236 Barrataria Dr.**
 CITY-ST-ZIP: **St. Aug. FL 32080**

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **S** Change Addition
 NAME: **ELIZABETH NUDD**
 STREET ADDRESS: **230 Barrataria Dr.**
 CITY-ST-ZIP: **St. Aug. FL 32080**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cindy Castleberry*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CINDY CASTLEBERRY

4/7/01
 Date

904-471-1597
 Daytime Phone #

CR2E037 (10/00)