

# 2000 UNIFORM BUSINESS REPORT (UBR)

Y (1111111)

DOCUMENT # **A95000000527**

1. Entity Name  
**BARRETT FAMILY PARTNERSHIP IV, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 24 AM 11:52

Principal Place of Business  
**300 SOUTH DUNCAN AVENUE, SUITE 275  
CLEARWATER FL 33755**

Mailing Address  
**300 SOUTH DUNCAN AVENUE, SUITE 275  
CLEARWATER FL 33755-6493**



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3298505</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORNELIUS, CHERYL J</b> <b>% JB MANAGEMENT, INC.</b> <b>300 S. DUNCAN AVENUE, SUITE 275</b> <b>CLEARWATER FL 33755</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>JOHN P. BARRETT, TRUSTEE</b> <b>300 S. DUNCAN AVE., SUITE 275</b> <b>CLEARWATER FL 33755</b>	STREET ADDRESS	<b>300 S. Duncan Ave., Suite 275</b>
NAME		CITY - ST - ZIP	<b>Clearwater, FL 33755</b>
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	<b>800003199268--0</b>
NAME		CITY - ST - ZIP	<b>-04/07/00--01008--010</b>
STREET ADDRESS			<b>***150.00 ***150.00</b>
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NAME		CITY - ST - ZIP	
STREET ADDRESS			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* Date **3/16/00** Daytime Phone # \_\_\_\_\_

CR2E003 (9/99)