

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010098 AF

**DOCUMENT # A95000000527**

1. Entity Name

**BARRETT FAMILY PARTNERSHIP IV, LTD.**

Principal Place of Business <b>300 SOUTH DUNCAN AVENUE, SUITE 275 CLEARWATER FL 33755</b>	Mailing Address <b>300 SOUTH DUNCAN AVENUE, SUITE 275 CLEARWATER FL 33755</b>
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**FILED**  
**01 MAY 18 AM 11:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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**

**CORNELIUS, CHERYL J  
% JB MANAGEMENT, INC.  
300 S. DUNCAN AVENUE, SUITE 275  
CLEARWATER FL 33755**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (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 300 S. DUNCAN AVE., SUITE 275 CLEARWATER FL 33755</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	<b>100004417851--4</b>
NAME		CITY-ST-ZIP	<b>-05/13/01--01053--024</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:**

*John P. Barrett J.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5/15/01**

Date

Daytime Phone #

CR2E003 (11/00)