2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90082 028 ***150.00

DOCUMENT # K70353

1. Entity Name

JAMES A. BARR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3891 E DAVIS BLVD NAPLES FL 34104 US	4501 TAMIAMI TRAIL N. SUITE 400 NAPLES FL 34103-3023 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3135-42nd TERRACE SouTHWEST	3135-42nd TERRACE SOUTHWEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34116-8352 Country: COLLIER	Zip: 34116-8352 Country: COLLIER

4. FEI Number 65-0103537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUCKEL, ROBERT M.
4501 TAMIAMI TRAIL N
SUITE 400
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name: Stuart A. Thompson
Street Address (P.O. Box Number is Not Acceptable): 2272 Airport Road South
Suite 101
City: Naples FL Zip Code: 34112

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] STUART A. THOMPSON 4/26/00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPV BARR, JAMES A., III 3135 42ND TERRACE NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARR, JAMES A. III 3135-42nd TERRACE SouTHWEST NAPLES, FL 34116-8352	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARR, JONNIE K. 3135 42ND TERRACE NAPLES	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BARR, JONNIE K. 3135-42nd TERRACE Southwest NAPLES, FL 34116-8352	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 [signature] Jonnie K. Barr VP 4/26/00 941-455-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #