

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

0017408  
 AV

DOCUMENT # **P93000006252**

1. Entity Name  
**JOHN P. BARBEE, TRUSTEE, P.A.**

08-08-2001 90002 047 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3201 W COMMERCIAL BLVD                  STE 114 BUSINESS CENTER                  FT LAUDERDALE FL 33309                  US</b>	Mailing Address <b>3201 W COMMERCIAL BLVD                  STE 114 BUSINESS CENTER                  FT LAUDERDALE FL 33309                  US</b>
---	---

2. Principal Place of Business <b>333 17<sup>th</sup> STREET</b>	3. Mailing Address
Suite, Apt. #, etc. <b>K</b>	Suite, Apt. #, etc.

City & State <b>VERO BEACH, FL</b>	City & State
---------------------------------------	--------------

4. FEI Number <b>65-0384532</b>	Applied For Not Applicable
------------------------------------	-------------------------------

Zip <b>32960</b>	Country <b>INDIAN RIVA</b>	Zip	Country
---------------------	-------------------------------	-----	---------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  
**BARBEE, JOHN P  
 4901 N. FEDERAL HIGHWAY  
 STE. 300 NATIONSBANK BLDG.  
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name **JOHN P. BARBEE**  
 Street Address (P.O. Box Number) **1516 SMUGGLERS COVE**  
 City **VERO BEACH FL 32963**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BARBEE, JOHN P 2649 NE 34TH ST. FORT LAUDERDALE FL 33306</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT D JOHN P BARBEE 1516 SMUGGLERS COVE VERO BEACH FL 32963</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP S D CATHY R BARBEE 1516 SMUGGLERS COVE VERO BEACH FL 32963</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 names empowered.

SIGNATURE: **JOHN P. BARBEE** Date: **7/24/01**

CR2E034 (5/01)