2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # **P94000086097** BARRETT FAMILY HOLDINGS, INC. 01-30-2001 90136 039 ***150.00 Principal Place of Business Mailing Address 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY **SUITE 341** SHITE 341 101102 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business Mailing Address antana Road Koad DO NOT WRITE IN THIS SPACE Suite, Apt. Applied For City & State 4. FEI Number 65-0544222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Palm Beh Fee Required Im 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHEN, FRED C Street Address (P.O. Box Number is Not Acceptable) 712 US HIGHWAY ONE NORTH PALM BEACH FL 33408 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDST ☐ Addition Change ☐ Delete TITLE TITI F BARRETT, CATHERINE M. NAME STREET ADDRESS **608 ISLAND DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Addition **VP** ☐ Delete Change TITLE BARRETT, ROBERT J III NAME NAME STREET ADDRESS 608 ISLAND DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Change ~ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the decrease of the corporation of the receiver of the decrease of the corporation of the receiver of the decrease o

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

address, with all other like empowered.

changed, or on an attachment with