

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000006371**

1. Entity Name

BAR MANAGEMENT ADVISORS, INC.**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90500 047 ***150.00

00026904

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**222 LAKEVIEW AVENUE
17TH FLOOR
WEST PALM BEACH FL 33401****222 LAKEVIEW AVENUE
17TH FLOOR
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

**Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410****Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410**4. FEI Number **65-0805853**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP.
222 LAKEVIEW AVENUE
17TH FLOOR
WEST PALM BEACH FL 33401****REGSERV CORP.
Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410****FL** Zip Code8. The above **REGSERV CORP.**

is office or registered agent, or both, in the State of Florida.

SIGNATURE **Lawrence B. Juran, President**

Agent signature required when reinstating)

DATE **2/16/01**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, 2001 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 **DPST** ☐ Delete
NAME **RENDINA, BRUCE A**
STREET ADDRESS **222 LAKEVIEW AVENUE, 17TH FL**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**TITLE **D P S T** ☒ Change ☐ Addition
NAME **Bruce A. Rendina**
STREET ADDRESS **Gardens Corporate Center**
CITY-ST-ZIP **3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Bruce A. Rendina
President**Date **3/12/01**Daytime Phone # **(561) 630-5055**

CR2E034 (10/00)