

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2000 8:00 am  
Secretary of State

01-14-2000 90023 033 \*\*\*\*61.25

DOCUMENT # N97000003728

1. Entity Name

THE BARBER CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

479 INTERSTATE CT  
SARASOTA FL 34240  
US

Mailing Address

479 INTERSTATE CT  
SARASOTA FL 34240-8962  
US

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4902 HIDDEN OAKS TRAIL  
Suite, Apt. #, etc.

3. Mailing Address

4902 HIDDEN OAKS TRAIL  
Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA

4. FEI Number

65-0816339

Applied For

Not Applicable

Zip

34232

Country

SARASOTA

Zip

34232

Country

SARASOTA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SABA, RICHARD D  
2033 MAIN ST. STE. 303  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	WYATT, JERRY R	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		4902 HIDDEN OAKS TRAIL	
CITY-ST-ZIP		SARASOTA FL 34232	
TITLE	D	WYATT, ROBERT V	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		439 INTERSTATE CT	
CITY-ST-ZIP		SARASOTA FL 34240	
TITLE	D	WYATT, SHARON	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		479 INTERSTATE CT	
CITY-ST-ZIP		SARASOTA FL 34240	
TITLE	D	DAVIAT, CAROLE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		2437 BRIAR OAK CIRCLE	
CITY-ST-ZIP		SARASOTA FL 34232	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	CAROL V. WHARTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME			
STREET ADDRESS		4902 HIDDEN OAKS TRAIL	
CITY-ST-ZIP		SARASOTA, FL 34232	
TITLE	P	DENNIS ELLIS	<input type="checkbox"/> Change <input type="checkbox"/>
NAME			
STREET ADDRESS		1961 BARBER RD	
CITY-ST-ZIP		SARASOTA, FL 34240	
TITLE	SIT	JERRY R WYATT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME			
STREET ADDRESS		4902 HIDDEN OAKS TRAIL	
CITY-ST-ZIP		SARASOTA FL 34232	
TITLE	VP	JAY PERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME			
STREET ADDRESS		1935 BARBER RD	
CITY-ST-ZIP		SARASOTA FL 34240	
TITLE	D	TOM BINNS	<input type="checkbox"/> Change <input type="checkbox"/>
NAME			
STREET ADDRESS		1953 BARBER RD	
CITY-ST-ZIP		SARASOTA FL 34240	
TITLE	D	RICHARD EVELSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1933 BARBER RD	
CITY-ST-ZIP		SARASOTA FL 34240	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

SEC/TREA 1/6/2000 94/256-060