

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # J81304**1. Entity Name
BARRINGTON SOUTH REALTY CORP.**Principal Place of Business**C/O JOHN G. IGOE, ESQ
250 ROYAL PALM WAY, 3RD FLOOR
PALM BEACH FL
33480 US**Mailing Address**C/O JHON G. IGOE, ESQ
250 ROYAL PALM WAY, 3RD FLOOR
PALM BEACH FL
33480 US**2. Principal Place of Business**

C/O CATHERINE SURIANI

3. Mailing Address

C/O CATHERINE SURIANI

Suite, Apt. #, etc.

727 BIRDIE VIEW POINT

Suite, Apt. #, etc.

727 BIRDIE VIEW POINT

City & State

SANIBEL ISLAND FL

City & State

SANIBEL ISLAND FL

Zip

33957

Country

US

Zip

33957

Country

US

4. FEI Number**59-2829708**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJOHN G. IGOE
250 ROYAL PALM WAY, STE. 300
3RD FLOOR
PALM BEACH FL
33480 US**7. Name and Address of New Registered Agent**

Name

ANGELL CORPORATE SERVICES, INC.

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

C/O EDWARDS & ANGELL, LLP

ONE NORTH CLEMATIS STREET, SUITE 400

City

WEST PALM BEACH

FL

Zip Code
33401

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 **JONATHAN E. COLE, PRESIDENT****04/25/2001**

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, 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**

TITLE	AT	<input type="checkbox"/> Delete
NAME	SURIANI, CATHERINE	
STREET ADDRESS	727 BIRDIE VIEW POINT	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ROSEMARY SURIANI	
STREET ADDRESS	727 BIRDIE VIEW POINT	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	SURIANI, LEWIS J.	
STREET ADDRESS	727 BIRDIE VIEW POINT	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lewis J. Suriani

P

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)