

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90163 011 \*\*\*\*61.25

**DOCUMENT # N97000003728**

1. Entity Name

**THE BARBER CENTER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~4902 HIDDEN OAKS TRAIL~~  
~~SARASOTA FL 34232~~  
~~US~~

~~4902 HIDDEN OAKS TRAIL~~  
~~SARASOTA FL 34232~~  
~~US~~

2. Principal Place of Business

**1965 BARBER RD.**

3. Mailing Address

**1965 BARBER RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

4. FEI Number

**65-0816339**

Applied For

Not Applicable

Zip

**34240**

Country

Zip

**34240**

Country

5. 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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MISS, DENNIS**  
**1961 BARBER RD**  
**SARASOTA FL 34240**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KAREN LAMONTE - Secretary**  
**1947 BARBER RD.**  
**SARASOTA FL 34240**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**WYATT, JERRY R**  
**4902 HIDDEN OAKS TRAIL**  
**SARASOTA FL 34232**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer**  
**ELIZABETH EISS**  
**1961 BARBER RD.**  
**SARASOTA, FL 34240**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**PERRY, JAY**  
**1935 BARBER RD**  
**SARASOTA FL 34240**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BINNS, TOM**  
**1953 BARBER RD**  
**SARASOTA FL 34240**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVERSON, RICHARD**  
**1933 BARBER RD**  
**SARASOTA FL 34240**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVERSON, RICHARD**  
**1933 BARBER RD**  
**SARASOTA FL 34240**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVERSON, RICHARD**  
**1933 BARBER RD**  
**SARASOTA FL 34240**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVERSON, RICHARD**  
**1933 BARBER RD**  
**SARASOTA FL 34240**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVERSON, RICHARD**  
**1933 BARBER RD**  
**SARASOTA FL 34240**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVERSON, RICHARD**  
**1933 BARBER RD**  
**SARASOTA FL 34240**

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/02 941-925-3921**

Date Daytime Phone #

CR2E037 (9/01)