## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9700003728

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # N9700003728  1. Entity Name  THE BARBER CENTER CONDOMINIUM ASSOCIATION, INC.						FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91417 033 ****61.25				777.9GM
Principal Place of Business Mail 1965 BARBER RD 1965		Mailing 1965 BA	g Address ARBER RD DTA FL 34240	_		<u></u>	00141010			
2. Principal Place of Business		3. Mail	3. Mailing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number 65-0816339 Applied For Not Applicable				}
Zip Country		Zip		Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registere	d Agent		Ni		iress of New Registere	d Agent		]
SARA DI	CHARD D					ennis H.	Eiss			
SABA, RICHARD D 2033 MAIN ST: STE: 303			-	Street Address	(P.O. Box Number is	Not Acceptable)	Cincle			
	TA FL 34237					121			**************************************	1
	•			ŀ	City			Zip Cod	e	1
8 The above	named entity submits this statement	for the nurn	nee of changing its re			2 AS O7 A	the State of Florida I ar	n familiar with	233	-
	tions of registered agent.	ioi tile puipi	use or changing its re	zgisierei	u office of registe	sied agent, or both, in	The State of Piorida. 7 at	man willi,	and accept	
	n Ille	^	. 11 25-2				11/2	2/27		
SIGNATURE .	July . Cin		n's H-Eiss				4/0	<u> 5/05</u>		
	Signature, typed or printed name of registered ag-	ent and title if appl	licable (NOTE: I	Registered 	Agent signature require	ed when reinstating)	DATE	<u> </u>	·	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State				
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN	110	1
TITLE	P	DINECTORS	Delete	TITLE		ADDITIONS/CHANG	ICO TO OTTICE TO AND I	☐ Change	Addition	8
NAME	EISS, DENNIS	<del>-</del> ,		NAME					_	(10/02)
	1961 BARBER RD				T ADDRESS					337
CITY-ST-ZIP	SARASOTA FL 34240			CITY-	SI-ZIP					CR2E037
TITLE NAME	ELIZABETH. EISS		Delete	TITLE		2		Change	Addition	2
STREET ADDRESS	1961 BARBER RD			•	T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34240			CITY-S	ST-ZIP					
TITLE	VP		Delete	TITLE			•	☐ Change	Addition	
NAME STREET ADDRESS	PERRY, JAY 1935 BARBER RD		`	NAME	T ADDRESS					1
CITY-ST-ZIP	SARASOTA FL 34240			CITY-S	•					(
TITLE	D	<u></u>	☐ Delete	TITLE	<del></del>			☐ Change	Addition	
NAME	BINNS, TOM			NAME						ĺ
STREET ADDRESS	1953 BARBER RD				T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34240		574	CITY-S	51-ZIP	<del></del>			[ ] a a.m/	1
TITLE NAME	EVERSON, RICHARD		Delete	NAME				☐ Change	Addition	
STREET ADDRESS	1933 BARBER RD			•	T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34240			CITY-S	ST-ZIP					
TITLE	S KADENI LAMONTE	<u> </u>	☐ Delete	TITLE			<del></del>	☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS 1947 BARBER RD

SARASOTA FL 34240