

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 293842

1. Entity Name

BARTOW FLORIDA CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90951 033 ***150.00

Principal Place of Business Mailing Address
1152 Lake Clarke Dr. P.O. Box 6459
West Palm Beach, FL 33406 West Palm Beach, FL 33406-6459
USA USA

2. Principal Place of Business Suite, Apt. #, etc.
City & State Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country

4. FEI Number 52-0816754 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

100893

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Hufty, John A.
1152 Lake Clarke Dr.
West Palm Beach, FL 33406

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

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	Hufty, John A.	
STREET ADDRESS	1152 Lake Clarke Dr.	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	VADS	<input type="checkbox"/> Delete
NAME	Hufty, Donna Jean	
STREET ADDRESS	P.O. Box 6459 N/A	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Hufty, John P.	
STREET ADDRESS	1152 Lake Clarke Dr.	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John A. Hufty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

561-547-3156

CR2E034 (9/99)