

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 348914

1. Entity Name

BAREFOOT BAY CORPORATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90297 046 \*\*\*158.75

Principal Place of Business  
 201 ALHAMBRA CIRCLE  
 12TH FL  
 CORAL GABLES FL 33134

Mailing Address  
 201 ALHAMBRA CIRCLE  
 12TH FL  
 CORAL GABLES FL 33134-5108

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1281126** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
 KERRIGAN, JUANITA I.  
 201 ALHAMBRA CIRCLE  
 12TH FL  
 CORAL GABLES FL 33134

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 \_\_\_\_\_ (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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMA, MICHAEL		NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, WARREN		NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAIRY, CHARLES		NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I.		NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J.		NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SETTLES, G. PATRICK		NAME	Prevatt, Sonny	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS	900 Towne Center Drive	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Poinciana, FL 34759	

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: Juanita I. Kerrigan Secretary 4/20/00 (305) 442-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
JUANITA I. KERRIGAN

CR2E034 (9/99)