

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

06-06-2002 90085 044 \*\*\*158.75

**DOCUMENT # 348914**

**1. Entity Name**  
**BAREFOOT BAY CORPORATION**

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

**Mailing Address**  
**201 ALHAMBRA CIRCLE**  
**12TH FL**  
**CORAL GABLES FL 33134**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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**

**7. Name and Address of New Registered Agent**

**KERRIGAN, JUANITA I.**  
**201 ALHAMBRA CIRCLE**  
**12TH FL**  
**CORAL GABLES FL 33134**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	<input type="checkbox"/> Delete
NAME	RAMA, MICHAEL	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAYMOND, WARREN	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCAIRY, CHARLES	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KERRIGAN, JUANITA I.	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GETMAN, DENNIS J.	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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CITY-ST-ZIP		
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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:** *Juanita I. Kerrigan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/02** **(305) 442-7000**  
 Date Daytime Phone #

CR2034 (9/01)