

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90075 039 \*\*\*150.00

**DOCUMENT # 392920**

1. Entity Name

**BERRY ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1881 W. STATE RD 434  
LONGWOOD FL 32750  
US

1881 W. STATE RD 434  
LONGWOOD FL 32750  
US

2. Principal Place of Business

3. Mailing Address

*Volusia Mall #126*

*Volusia Mall #126*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1700 W. International Speedway*

*1700 W. International Speedway*

City & State

City & State

*Daytona Beach FL*

*Daytona Beach FL*

Zip

Country

Zip

Country

*32114*

*US*

*32114*

*US*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAINES, CAROL A.**

**118 WILD FERN DR**

**LONGWOOD FL 32779**

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

*Carol A. Haines*

*Carol A. Haines*

*1-16-01*

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, 2001 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 **P** ☐ Delete  
NAME **HAINES, CAROL A.**  
STREET ADDRESS **118 WILD FERN DR**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **DEFREITAS, NATHAN**  
STREET ADDRESS **1025 S. HIAWASSEE RD. #2227**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **DAVID HAINES**  
STREET ADDRESS **118 WILD FERN DR**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Carol A. Haines* **Carol A. Haines**

*1-16-01*

Date

Daytime Phone #

*407-862-8614*  
*904-258-3944*

CR2E034 (10/00)

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