

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 424505

1. Entity Name

BARBIZON SCHOOL OF MODELING OF TAMPA, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90015 010 \*\*\*158.75

Principal Place of Business

Mailing Address

~~4401 W KENNEDY BLVD., #290~~  
TAMPA FL 33609  
US

~~4401 W KENNEDY BLVD., #290~~  
TAMPA FL 33609-2048  
US

2. Principal Place of Business

4950 W. KENNEDY BLVD.  
Suite, Apt. #, etc.  
# 200

3. Mailing Address

4950 W. KENNEDY BLVD  
Suite, Apt. #, etc.  
# 200



DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number 59-1465162

Applied For  
Not Applicable

Zip Country  
33609 Hillsborough

Zip Country  
33609 Hillsborough

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

MCCORMICK, TIMOTHY W

~~4401 W KENNEDY BLVD., #290~~  
TAMPA FL 33609

Name McCORMICK, TIMOTHY W.

Street Address (P.O. Box Number is Not Acceptable)

4950 W. KENNEDY BLVD # 200

City TAMPA FL Zip Code 33609

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 \$5.00 May Be Added to Fees ☐

11. OFFICERS AND DIRECTORS  
TITLE PST  
NAME MCCORMICK, TIMOTHY W  
STREET ADDRESS ~~4401 W KENNEDY BLVD., #290~~  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  
TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4950 W. KENNEDY BLVD # 200  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 (813) 286-9999  
Date Daytime Phone #

CR2E034 (9/99)