

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90296 033 \*\*\*158.75

**DOCUMENT # 548679**

1. Entity Name  
**BARGER + DEAN ARCHITECTS, INC.**



Principal Place of Business  
**227 CENTRAL AVE.  
SARASOTA FL 34236**

Mailing Address  
**227 CENTRAL AVE.  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address  
**46 N. Washington Blvd.  
Suite 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Sarasota, Florida**

4. FEI Number  
**59-1754468**

Applied For  
Not Applicable

Zip

Country

Zip  
**34236**

Country

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

**GRIFFIS, JOHN W P.A.  
RINGLING PROFESSIONAL CENTER  
2831 RINGLING BLVD., SUITE 116-D  
SARASOTA FL 34237**

Name  
**JOHN PATTERSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**46 N. Washington Blvd. Suite 1**  
City  
**Sarasota, FL 34236** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John Patterson*  
Signature (typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-16-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
BARGER, STUART H  
2300 HILLVIEW  
SARASOTA FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
TYLE, WILLIAM J  
2341 AUBREY LANE  
SARASOTA FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
DEAN, KENNETH G  
7904 OAK GROVE CIR.  
SARASOTA FL** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
KUYKENDALL, CHARLES E  
1130 HAMPTON ROAD  
SARASOTA FL 34236** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MCLAIN, DARRELL G  
3508 55TH PLACE E  
BRADENTON FL 34203** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P,T** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**(941) 365-6056**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN PATTERSON**

Date

Daytime Phone #

CR2E034 (10/02)