

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 560346**

1. Entity Name

BARAGAR-GIBSON REAL ESTATE, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90040 006 ***150.00

Principal Place of Business

**30515 OVERSEAS HWY.
BIG PINE KEY FL 33043**

Mailing Address

**30515 OVERSEAS HWY.
BIG PINE KEY FL 33043**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1797849**

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

**FIELDER, LYNNE H
19980 OVERSEAS HWY
SUGARLOAF KEY FL 33042**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	RODGERS, BARBARA K	245 BLACKBEARD RD	LITTLE TORCH KEY FL 33042	V	Knox, Jay M.	420 W. Indies Drive	Ramrod Key, FL 33042
V	NARDONE, PAULA	420 W INDIES DR	RAMROD KEY FL 33042				
PSTD	MCSORLEY, CONCETTA M	561 W. INDIES DR.	RAMROD KEY FL 33042				
V	MARTILIK, FRANK	1134 DELUSSAN LANE	CUDJOE KEY FL 33042				
VP	MAHONEY, KIERAN J	PO BOX 242	SUGARLOAF KEY FL 33044				
V	HARRISON, BARBARA A	676 SPANISH MAIN DR	CUDJOE KEY FL 33042				

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

3-13-2001

Date

Daytime Phone #

CR2E034 (10/00)