

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90697 028 \*\*\*150.00

**DOCUMENT # 560346**

1. Entity Name

**BARAGAR-GIBSON REAL ESTATE, INC.**

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

3. Mailing Address

**2116 Orchard Park Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Springhill, FL 43608**

4. FEI Number

**59-1797849**

Applied For

Not Applicable

Zip

Country

Zip

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

**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, 2002 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 **V** ☒ Delete  
 NAME **RODGERS, BARBARA K**  
 STREET ADDRESS **245 BLACKBEARD RD**  
 CITY-ST-ZIP **LITTLE TORCH KEY FL 33042**

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

TITLE **V** ☒ Delete  
 NAME **KNOX, JAY M**  
 STREET ADDRESS **420 W INDIES DR**  
 CITY-ST-ZIP **RAMROD KEY FL 33042**

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

TITLE **PSTD** ☐ Delete  
 NAME **MCSORLEY, CONCETTA M**  
 STREET ADDRESS **561 W. INDIES DR.**  
 CITY-ST-ZIP **RAMROD KEY FL 33042**

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

TITLE **V** ☒ Delete  
 NAME **MARTILIK, FRANK**  
 STREET ADDRESS **1134 DELUSSAN LANE**  
 CITY-ST-ZIP **CUDJOE KEY FL 33042**

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

TITLE **VP** ☒ Delete  
 NAME **MAHONEY, KIERAN J**  
 STREET ADDRESS **PO BOX 242**  
 CITY-ST-ZIP **SUGARLOAF KEY FL 33044**

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

TITLE **V** ☒ Delete  
 NAME **HARRISON, BARBARA A**  
 STREET ADDRESS **676 SPANISH MAIN DR**  
 CITY-ST-ZIP **CUDJOE KEY FL 33042**

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:

*Concetta M. McSorley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-25-02**

CR2E034 (9/01)