

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91359 036 ****61.25

DOCUMENT # 714690

1. Entity Name
THE BARBADOS CLUB, INC.

Principal Place of Business

**4933 TAMiami TRAIL N.
 STE 200
 NAPLES FL 34103
 US**

Mailing Address

**4933 TAMiami TRAIL N
 STE 200
 NAPLES FL 34103
 US**

767715



DO NOT WRITE IN THIS SPACE

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

59-1285720

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BUTLER, POLLY~~
**4933 TAMiami TRAIL N
 STE 200
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Dawn McCullough**
 Street Address (P.O. Box Number is Not Acceptable) **c/o Fms 4933 Tamiami Trail N # 200**
 City **Naples** FL Zip Code **34103**

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 **Dawn McCullough owner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PDD	<input type="checkbox"/> Delete
NAME	FOWLER, HUDSON JR. DR.	
STREET ADDRESS	207 HARBOUR DR #3	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KINKLEY, JANIE	
STREET ADDRESS	207 HARBOUR DR. #8	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PASTOR, SEWALL	
STREET ADDRESS	207 HARBOUR DR #6	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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.

SIGNATURE: **SIGNATURE REQUIRED**

4/16/01 (94) 262-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (10/00)