

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90059 022 \*\*\*\*61.25

**DOCUMENT # 714690**  
 1. Entity Name  
**THE BARBADOS CLUB, INC.**

Principal Place of Business      Mailing Address  
**TAMIAMI TRAIL NORTH**      **% FINANCIAL MANAGEMENT SERVICES**  
**STE 200**      **5020 TAMIAMI TRAIL NORTH #110**  
**NAPLES FL 34103**      **NAPLES FL 34103**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1285720**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MCCULLOUGH, DAWN**  
**4999 TAMIAMI TRAIL N**  
**STE 200**  
**NAPLES FL 34103**

**7. Name and Address of New Registered Agent**  
 Name: **BARBADOS % FMS**  
 Street Address (P.O. Box Number is Not Acceptable): **5020 Tamiami Trail N. # 200**  
 City: **Naples, FL**      State: **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*      DATE: 3/7/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PDD</b>	<input type="checkbox"/> Delete
NAME	<b>FOWLER, HUDSON JR. DR.</b>	
STREET ADDRESS	<b>207 HARBOUR DR #3</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>KINKLEY, JANIE</b>	
STREET ADDRESS	<b>207 HARBOUR DR. #8</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PASTOR, SEWALL</b>	
STREET ADDRESS	<b>207 HARBOUR DR #6</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
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	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gloria Passidonio</b>	
STREET ADDRESS	<b>207 Harbour Dr #2</b>	
CITY-ST-ZIP	<b>Naples, FL 34103</b>	
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: *Dawn McCullough*      DATE: 3/7/02      DAYTIME PHONE #: 916496102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)