

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 800409

1. Entity Name

THE CAMERON & BARKLEY COMPANY

FILED

00 SEP 12 PM 2:50

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Principal Place of Business

2864 AZALEA RD.  
CHARLESTON HEIGHTS SC 29405-8216

Mailing Address

PO BOX 118007  
CHARLESTON SC 29423  
US

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

57-0132885

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

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
CD  
BARKLEY, RUFUS C, JR  
106 TRADD ST  
CHARLESTON SC

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
RANDALL, BISHOP  
572 MARSHGRASS BLVD.  
MT. PLEASANT SC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800003397858-8  
-09/13/00-01032-009  
\*\*\*\*550.00 \*\*\*\*550.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WARREN, JAMES R.  
2294 POETSNIPPE WAY  
CHARLESTON, SC.

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASAT  
NOWELL, CHRISTOPHER C  
120 CANABERRY CIRCLE  
SUMMERVILLE SC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
105 Glen Eagles Drive  
Summerville, SC 29483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
RUSSELL, WILLIAM A III  
1004 CROOKED STICK COURT  
SUMMERVILLE SC 29483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1208 Congressional Blvd.  
Summerville, SC 29483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
18

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00

Date

(843) 745-2411

Daytime Phone #

CR2E034 (5/00)