

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08132**

1. Entity Name

**THE BAREFOOT MAILMAN, LIMITED**

Principal Place of Business

**1061 HILLSBORO MILE  
HILLSBORO BEACH FL 33362**

Mailing Address

**2301 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33316-3949**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KONSTEN, J M**

**1061 HILLSBORO MILE  
HILLSBORO BEACH FL 33362**

Name **J.M. KONSTEN**

Street Address (P.O. Box Number is Not Acceptable)

**2301 SOUTH FEDERAL HWY**

City **Fort Lauderdale** FL Zip Code **33316**

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 of Registered Agent

**J.M. KONSTEN**

(NOTE: Registered Agent signature required when reinstating)

**2/2/2000**

DATE

9. Capital Contributions  
as Shown on record.

**\$680,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F62360**  
NAME **BAREFOOT MANAGEMENT COMPANY**  
STREET ADDRESS **1061 HILLSBORO MILE**  
CITY - ST - ZIP **HILLSBORO BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

00 FEB -7 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2319112**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**700003128247--1**

**02/02/00--01125--008**

**\*\*\*525.25 \*\*\*525.25**

**954-525-7711**

**2/2/2000**