

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000527**

1. Entity Name

BARRETT FAMILY PARTNERSHIP IV, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 11:52

Principal Place of Business
**300 SOUTH DUNCAN AVENUE, SUITE 275
CLEARWATER FL 33755**

Mailing Address
**300 SOUTH DUNCAN AVENUE, SUITE 275
CLEARWATER FL 33755-6493**



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3298505		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORNELIUS, CHERYL J % JB MANAGEMENT, INC. 300 S. DUNCAN AVENUE, SUITE 275 CLEARWATER FL 33755				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	JOHN P. BARRETT, TRUSTEE 300 S. DUNCAN AVE., SUITE 275 CLEARWATER FL 33755	STREET ADDRESS	300 S. Duncan Ave., Suite 275
NAME		CITY - ST - ZIP	Clearwater, FL 33755
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	800003199268--0
NAME		CITY - ST - ZIP	-04/07/00--01008--010
STREET ADDRESS			***150.00 ***150.00
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/00
 Date

Daytime Phone #

CR2E003 (9/99)