

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001074**

1. Entity Name

**BARCLAY GROUP NO. 6, LTD.**

Principal Place of Business

C/O BARCLAY GROUP  
1123 OVERCASH DRIVE  
DUNEDIN FL 34698

Mailing Address

C/O BARCLAY GROUP  
1123 OVERCASH DRIVE  
DUNEDIN FL 34698-5522

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

**59-3447062**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HUDOBA, STEPHEN M**  
**101 EAST KENNEDY BLVD., SUITE 3700**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record.

**\$300,000.00**

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

DOCUMENT # **J14545**  
NAME **OREGON PROPERTIES, INC.**  
STREET ADDRESS **1123 OVERCASH DRIVE**  
CITY - ST - ZIP **DUNEDIN FL 34698**

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STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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**06/09/00--01033--018**

**\*\*\*\*526.25 \*\*\*\*526.25**

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

Date

Daytime Phone #

**4/28/00**

**727-733-7585**

SECRETARY OF STATE  
TALLAHASSEE  
MAY - 1  
FILED



DO NOT WRITE IN THIS SPACE