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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A980000000007  
1. Entity Name  
BARRINGTON FAMILY HOLDINGS, LTD.

FILED

01 JUL 19 AM 8:47

Principal Place of Business  
150 E. SAMPLE ROAD, SUITE 200  
POMPANO BEACH FL 33064

Mailing Address  
150 E. SAMPLE ROAD, SUITE 200  
POMPANO BEACH FL 33064

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business 4251 NE 23RD TERR.	3. Mailing Address 4251 NE 23RD TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LIGHTHOUSE POINT, FL	City & State LIGHTHOUSE POINT, FL
Zip 33064	Zip 33064
Country USA	Country USA

DUE BY SEPTEMBER 26, 2001

4. FEI Number 65-0805420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, R. BRADY JR., ATY  
C/O OSBORNE, OSBORNE & DECLAIRE, P.A.  
798 SOUTH FEDERAL HIGHWAY, SUITE 100  
BOCA RATON FL 33429

7. Name and Address of New Registered Agent

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. Capital Contributions as Shown on record. \$8,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	BARRINGTON, BRUCE D
NAME	4251 NE 23RD TERRACE
STREET ADDRESS	LIGHTHOUSE POINT FL 33064
CITY-ST-ZIP	
DOCUMENT #	BARRINGTON, GAYLE M
NAME	4251 NE 23RD TERRACE
STREET ADDRESS	LIGHTHOUSE POINT FL 33064
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004494396--1
CITY-ST-ZIP	07/24/01-01093-011
	****926.25 ****926.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 Bruce D Barrington 7/17/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)