

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**  
01-31-2001 90045 042 \*\*\*150.00

**DOCUMENT # F15198**

1. Entity Name

**BARKIN HOLDINGS (ORLANDO), INC.**

Principal Place of Business  
C/O 215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Mailing Address  
C/O 215 NORTH EOLA DRIVE  
ORLANDO FL 32801

**C0013109**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2055930**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, LORAN A.**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **PDT** ☐ Delete  
NAME **BARKIN, ALLAN**  
STREET ADDRESS **173 GLENGARRY AVE**  
CITY-ST-ZIP **TORONTO ONT CA**

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

TITLE **DS** ☐ Delete  
NAME **BARKIN, ALLAN**  
STREET ADDRESS **173 GLENGARRY AVE**  
CITY-ST-ZIP **TORONTO, ONT, CANADA**

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

TITLE **VP** ☐ Delete  
NAME **BARKIN, LEONARD**  
STREET ADDRESS **25 ORMSBY CRESCENT**  
CITY-ST-ZIP **TORONTO ONT CA**

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **2600 BATHURST ST #6**  
CITY-ST-ZIP **TORONTO, ONT, CA M6B 2Z4**

TITLE **D** ☐ Delete  
NAME **SILVERBERG, CAROLYN**  
STREET ADDRESS **326 VESTA DRIVE**  
CITY-ST-ZIP **TORONTO ONTARIO CA**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)