

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90084 037 ***150.00

DOCUMENT # F76482

1. Entity Name

BARBARA BALL & ASSOCIATES, INC.

Principal Place of Business

C/O WIELAND, JEFFREY, P
2 S ORANGE AVE
ORLANDO FL 32801
US

Mailing Address

10 DALEGARTH AVE
BOLTON, ENGLAND BL1-5-W

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2190700**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIELAND, JEFFREY P
2 SO ORANGE AVE
ORLANDO FL 32801

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. 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

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | CANNON, JAMES M | |
| STREET ADDRESS | 499 SR 434 STE 2015 | |
| CITY-ST-ZIP | ALTAMONTE SPGS FL | |
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | BALL, GRAHAM | |
| STREET ADDRESS | FAIRHOLME DALGARTH AVE | |
| CITY-ST-ZIP | BOLTON, U K 00000 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BALL, NIGEL S | |
| STREET ADDRESS | FAIRHOLME DALGARTH AVE | |
| CITY-ST-ZIP | BOLTON, U K 00000 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SANJURJO, RALPH E | |
| STREET ADDRESS | 4041 ROSE PETAL LANE | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | BALL, BARBARA | |
| STREET ADDRESS | FAIRHOLME DALGARTH AVE | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

GRAHAM BALL

Date

Daytime Phone #

1/15/01

Resident

CR2E034 (10/00)