

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. F83187

1. Entity Name

**ROBEY BARBER INSURANCE SERVICES CORPORATION**  
*McNulty - Barber Marketing, Inc.*

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90072 038 \*\*\*150.00

Principal Place of Business

Mailing Address

3965 HENDERSON BLVD.  
 PO BOX 10100  
 TAMPA FL 33679

3965 HENDERSON BLVD.  
 PO BOX 10100  
 TAMPA FL 33679-0100



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 **59-2193675**

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

**BARBER, TIMOTHY R**  
**5221 CRESCENT DR**  
**TAMPA FL 33611**

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, 2000 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	VPM	<input type="checkbox"/> Delete
NAME	BARBER-MCNULTY, KAREN	
STREET ADDRESS	5221 CRESCENT DR	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BARBER, TIMOTHY R	
STREET ADDRESS	5221 CRESCENT DR	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GATES, KAREN	
STREET ADDRESS	3965 HENDERSON BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KOK, ANNETTE	
STREET ADDRESS	2040 RAYBROOK SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49546	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	PAUL, JON	
STREET ADDRESS	3965 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PACNULTY, BRAIN	
STREET ADDRESS	3965 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	

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

1/25/00 813-286-1123

Date

Daytime Phone #