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Secretary of State

04-30-1999 90050 021 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000723

1. Corporation Name

BARBIZON NATIONAL ADVERTISING COMMITTEE, INC.

Principal Place of Business

2240 WOOLBRIGHT RD
SUITE 300
BOYNTON BEACH FL 33426
US

Mailing Address

2240 WOOLBRIGHT RD
SUITE 300
BOYNTON BEACH FL 33426
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/15/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

13-3193988

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFF, BARRY B
2240 WOOLBRIGHT ROAD
SUITE 300
BOYNTON BEACH FL 33426

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME WOLFF, BARRY B
STREET ADDRESS 2240 WOOLBRIGHT RD, STE. 300
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE D
NAME MCCORMICK, TIM
STREET ADDRESS 4401 WEST KENNEDY BLVD, #290
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE S
NAME NEMES, CHARLES
STREET ADDRESS 541 N. FAIRBANKS CT.
CITY-ST-ZIP CHICAGO IL 60611

☐ DELETE

TITLE D
NAME URGUHART, JOHN
STREET ADDRESS 7535 E HAMPDEN AVE., STE 108
CITY-ST-ZIP DENVER CO

☐ DELETE

TITLE D
NAME BARTOLACCI, PAUL
STREET ADDRESS 3340 PEACHTREE ROAD NE, #120
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition
D Composed, Domenic
8318 Pineville-matthews #265
Charlotte, NC 28226

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

561-369-8600

Daytime Phone #

CR2E037 (11/98)