

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90255 015 ****61.25

DOCUMENT # F94000000723

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3193988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Thomas Blangiardo**
 Street Address (P.O. Box Number is Not Acceptable): **2240 Woolbright Rd, Suite 300**
 City: **Boynton Beach** FL Zip Code: **33426**

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: **1/25/01**

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	WOLFF, BARRY B	
STREET ADDRESS	2240 WOOLBRIGHT RD, STE. 300	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, TIM	
STREET ADDRESS	4401 WEST KENNEDY BLVD, #290	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEMES, CHARLES	
STREET ADDRESS	541 N. FAIRBANKS CT.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMPOSEO, DOMENIC	
STREET ADDRESS	8318 PINEVILLE MATTHEWS #265	
CITY-ST-ZIP	CHARLOTTE NC 28226	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKLAMBA, MARY	
STREET ADDRESS	3296 W MARKET ST SUITE A	
CITY-ST-ZIP	AKRON OH 44333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blangiardo, Thomas	
STREET ADDRESS	2240 Woolbright Rd, Ste 300	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input checked="" 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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE REQUIRED

1/25/01 561 369-8600

CR2E037 (10/00)