

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90388 016 ****61.25

DOCUMENT # F94000000723

1. Entity Name

BARBIZON NATIONAL ADVERTISING COMMITTEE, INC.

Principal Place of Business

Mailing Address

2240 WOOLBRIGHT RD
 SUITE 300A
 BOYNTON BEACH FL 33426
 US

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANGIARDO, THOMAS
 2240 WOOLBRIGHT ROAD
 SUITE 300
 BOYNTON BEACH FL 33426

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D COMPOSEO, DOMENIC**
 STREET ADDRESS **8318 PINEVILLE MATTHEWS #265**
 CITY-ST-ZIP **CHARLOTTE NC 28226**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SKLAMBA, MARY**
 STREET ADDRESS **3296 W MARKET ST SUITE A**
 CITY-ST-ZIP **AKRON OH 44333**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PST BLANGIARDO, THOMAS**
 STREET ADDRESS **2240 WOOLBRIGHT RD STE 300**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 4/9/02 369 8600

CR2E037 (9/01)