

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G43424**

1. Entity Name

BARNS OF AMERICA, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90098 023 ***150.00

Principal Place of Business

Mailing Address

10201 NE 232 ST RD.
P.O. BOX 203
ORANGE SPRINGS FL 32182-7203

10201 NE 232 ST RD.
P.O. BOX 203
ORANGE SPRINGS FL 32182-0203

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 **59-2355771**

Applied For
Not Applicable

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

COLLINS, PATRICIA ANN
10201 NE 232 ST RD.
ORANGE SPRINGS FL 32182

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	DTS	<input type="checkbox"/> Delete
NAME	COLLINS, PATRICIA	
STREET ADDRESS	NE 233 ST RD OFF HWY 318	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COLLINS, RONALD CONKLIN	
STREET ADDRESS	NE 233 ST RD OFF HWY 318	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLLINS, RANDALL CONKLIN	
STREET ADDRESS	23202 NE 103 AVE.	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	AT	<input type="checkbox"/> Delete
NAME	COLLINS, RUSSELL CONKLIN	
STREET ADDRESS	23202 NE 103 AVE.	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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

Date

Daytime Phone #

CR2E034 (9/99)

2-24-00 352-5465411