

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H13603

1. Entity Name

BARRIER DUNES DEVELOPMENT CORPORATION

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90132 010 ***158.75

Principal Place of Business

Mailing Address

2930 WELLINGTON CIR S.
STE 101
TALLAHASSEE FL 32308
US

2930 WELLINGTON CIR S.
STE 101
TALLAHASSEE FL 32308-6878
US

2. Principal Place of Business

1445 Vieux Carre

3. Mailing Address

1445 Vieux Carre

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

58-1581660

Applied For

Not Applicable

Zip

Country

32308 U.S.A

Zip

Country

32308 U.S.A

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

CONNER, ALBERT J JR.
2930 WELLINGTON CIR. S.
STE 101
TALLAHASSEE FL 32308

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 ☐ Delete
NAME PD
STREET ADDRESS CONNER, ALBERT J JR.
CITY-ST-ZIP 2930 WELLINGTON CIR S. -STE 101
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME VPD
STREET ADDRESS HEIDENREICH, JAMES F
CITY-ST-ZIP 2930 WELLINGTON CIR S. -STE 101
TALLAHASSEE FL 32308

TITLE ☐ Change ☒ Addition
NAME Vice-President, Secretary, Director
STREET ADDRESS MARK A. CONNER
CITY-ST-ZIP 1445 Vieux Carre
Tallahassee, FL 32308

TITLE ☒ Delete
NAME SD
STREET ADDRESS WILLIAMS, JUDY O
CITY-ST-ZIP 2930 WELLINGTON CIR S. -STE 101
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 ALBERT J. CONNER JR 3/30/00 850-545-601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)