

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90060 049 ***150.00

DOCUMENT # H28322

1. Entity Name

BARNWELL ENTERPRISES, INC.

Principal Place of Business

**1802 DENNIS ST
JACKSONVILLE FL 32204
US**

Mailing Address

**1802 DENNIS ST
JACKSONVILLE FL 32204
US**

2. Principal Place of Business

4642 IROQUOIS AV

Suite, Apt. #, etc.

3. Mailing Address

4642 IROQUOIS AV

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-2459874

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHYNE, J. SIMS JR.

**1802 DENNIS ST
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

J. SIMS RHYNE, JR

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

4642 IROQUOIS AV

City

JACKSONVILLE

FL

Zip Code

32210

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

V. SIMS RHYNE, JR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.10.01

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, 2001 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

TITLE **CD** ☐ Delete
NAME **DALEY, BARNWELL R.**
STREET ADDRESS **1816 TALBOT AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ Delete
NAME **RHYNE, J SIMS JR**
STREET ADDRESS **1802 DENNIS ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ Delete
NAME **RHYNE, MARGARET D**
STREET ADDRESS **4642 IROQUOIS AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ Delete
NAME **DALEY, ANIS L.**
STREET ADDRESS **4528 ORTEGA BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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)(f), 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 #

4.10.01 904-381-1936

CR2E034 (10/00)