

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J39409

1. Entity Name

R & H ENTERPRISES, CARLA'S, THE BARN, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90036 012 ***158.75

Principal Place of Business

Mailing Address

HWY 16 W
STARKE FL 32091
US

~~R.R. 2 BOX 2113
STARKE FL 32091-9550
US~~

2. Principal Place of Business

3. Mailing Address

EAST
2237 CYPRESS POINT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CLEARWATER FL.

4. FEI Number **59-2720810**

Applied For
Not Applicable

Zip

Country

Zip
33763

Country

FLORIDA

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

**CARLA L. HAWTHORNE
HWY 16 WEST, P.O. BOX 296
STARKE FL 32091**

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	P	<input type="checkbox"/> Delete
NAME	HAWTHORNE, CARLA L.	
STREET ADDRESS	HWY 16 WEST, P.O. BOX 296 NA	
CITY-ST-ZIP	STARKE FL	
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"/> Delete
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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		
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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: **CARLA L. HAWTHORNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-05-00
727-738-0

CR2E034 (9/99)