

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J48259

1. Entity Name

THE BARNHILL CORPORATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90018 005 ***150.00

Principal Place of Business

1206 BELLE AVE
STE 101
WINTER SPGS FL 32708
US

Mailing Address

1200 BELLE AVE
STE 101
WINER SPGS FL 32708-1902
US

2. Principal Place of Business

215 S. Woodland Blvd

Suite, Apt. #, etc.

3. Mailing Address

PO Box 3745

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELAND FLORIDA

City & State

DELAND FLORIDA

4. FEI Number

59-2752455

Applied For

Not Applicable

Zip

32724

Country

VOLUSIA

Zip

32721-3745

Country

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOETY, BRETT O
1200 BELLE AVENUE
SUITE 101
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

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

215 S. WOODLAND BLVD

City
DELAND

FL

Zip Code
32724

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

Brett O Soety

BRETT SOETY

2/3/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SOETY, J J	
STREET ADDRESS	827 LIVE OAK LN	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOETY, CHRYSI	
STREET ADDRESS	827 LIVE OAK LN	
CITY-ST-ZIP	OVIEDO FL 32765	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

Christina Soety

CHRISTINA SOETY - SEC

2/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)