

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88546

1. Entity Name

BARNACLE PHIL'S HARBOR RESTAURANT, INC.

Principal Place of Business

Mailing Address

4401 PT HOUSE TRAIL UPPER CAPTIVA ISL
P O BOX 579
PINELAND FL 33945

15696 BROMELIAD DR
BOKEELIA FL 33922
US

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

59-2832004

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

POWELL, EVA K
15696 BROMELIAD DR
BOKEELIA FL 33922

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 P
STREET ADDRESS DURHAM, NANCY KINSEY
CITY-ST-ZIP 6113 FORREST VILLAS COURT
FT MYERS FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS POWELL, EVA K
CITY-ST-ZIP 2583 FIRST ST
FT MYERS FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DURHAM, NANCY K.
CITY-ST-ZIP 6113 FORREST VILLAS CT.
FT. MYERS FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS POWELL, EVA K.
CITY-ST-ZIP 2583 FIRST ST.
FT. MYERS FL

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

TITLE ☒ Delete
NAME S
STREET ADDRESS KINSEY, PHILIP
CITY-ST-ZIP 8583 FIRST STREET
FORT MYERS FL

TITLE ☒ Change ☐ Addition
NAME NANCY K DURHAM
STREET ADDRESS 6113 FOREST VILLAS CIRCLE
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA K POWELL
TREASURER

Date

Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90078 001 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)