## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** K23121

1. Entity Name

BARRINGTON PARK INCORPORATED



## **FILED** Mar 11, 2003 8:00 am & Secretary of State 03-11-2003 90131 026 \*\*\*150.00

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| Suite, Apt. #, etc.   Suite, Apt. #, etc.   Griy & State   City & State   A. FET Number   S9-2889202   Applied For More Applicable   S8-275 Additional   Fee Feoplitude   Fee Fee Feoplitude   Fee Fee Fee Fee Fee Fee Fee Fee Fee  |                                |                                |                                       |                        |                     |                | NOO WE TE                 |           |   |                                  |  |                   |  |
|--|--------------------------------|--------------------------------|---------------------------------------|------------------------|---------------------|----------------|---------------------------|-----------|---|----------------------------------|--|-------------------|--|
| READ HIN, LLOYD B.  SOLIN MILES TO SCHOOL THE BURNES OF THE BURN O   | Principal Plac                 | e of Busines                   | s                                     |                        |                     |                |                           |           |   |                                  |  |                   |  |
| GAMESVILLE FL 32535   SAME   Subsection of Business   Subsection of Bus   | % LLOYD B.                     | BALDWIN                        |                                       | % LI                   | OYD B. BALDWIN      |                |                           |           |   |                                  |  |                   |  |
| US Principal Place of Business  Suite, Apt. #, etc.  City & State  Country  Special Desired Speci   |                                | = -                            |                                       | <b>630</b> 7           | NW 136 ST           |                |                           |           |   |                                  |  |                   |  |
| Suite, Apt. #, eld.  Chy & State  City & Sta   |                                | FL 32653                       |                                       | GAIN                   | IESVILLE FL 32653-  | 2580           |                           |           |   |                                  | <b>i i i i i i</b> i i i i i i i i i i i i i | 1187k (LIGH) 1881 |  |
| Suite, Apt. #, eld.  Chy & State  City & Sta   |                                | -                              |                                       |                        |                     |                |                           |           |   |                                  |  |                   |  |
| City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificates of Status Desired   Feb Regulated   Feb   | 2. Principal Place of Business |                                |                                       | <b>3</b> . Ma          | 3. Mailing Address  |                |                           |           | 4 ERRIBINI BIN TIKON NINKI AFRIN F      | <b>4 8</b> 7 1486 81869 <b>4</b> | 1411 BIBAT BIBTA 1                           | DÍOÍN BHEN HEON   |  |
| Sp-2889202   Not Applicable   Sp-2889202   Not Applicable   Sp-2889202   Not Applicable   Sp-2889202   Not Applicable   Sp-2889202   Sp-2889202   Not Applicable   Sp-2889202   Sp-288920   | Suite, Apt.                    | #, etc.                        |                                       | Suit                   | Suite, Apt. #, etc. |                |                           |           | CHECK HERE IF MAKING CHANGES            |                                  |  |                   |  |
| So Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  S. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  City  FL  Zip Code  S. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  SignNaTURE:  Sign   | City & Stat                    | е                              |                                       | City                   | City & State        |                |                           | 4.        | FEI Number 59-2889202                   | 2                                |  | ·                 |  |
| RALDWIN, LLOYD B. 6307 NW 138 ST GAINESVILLE FL 32653  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  Addition  Atter May 1, 2003 Fee will be \$550.00  Adde of Fees  Added to Fees   | Zip                            |                                | Country                               | Zip                    |                     | Cour           | ntry                      | 5.        | Certificate of Status Desired           |                                  | <b>\$8.75</b> Add                            | ditional          |  |
| BALDWIN, LLOYD B. 6307 NW 136 ST  GAINESVILLE FL 32653  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SiGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  MAKE  BALDWIN, LLOYD B.  SITEST AUDRESS  CITY-51-ZP  FILE  CHANGE  BALDWIN LLOYD B.  SITEST AUDRESS  CITY-51-ZP  FILE  CHANGE  CHANG   |                                | 6. Name                        | and Address of Cui                    | rrent Registere        | ed Agent            | •              |                           | 7.        | Name and Address of New I               | Registered A                     | Agent  |                   |  |
| Street Address (P.O. Box Number is Not Acceptable)    City   |                                |                                |                                       |                        |                     |                | Name                      |           |   |                                  |  |                   |  |
| GAINESVILLE FL 32653  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. I am familiar with, and accept the ptoligations of registered agent.  SIGNATURE:    FILE NOW!!! FEE IS \$150.00  | BALDWIN                        | , LLOYD B.                     |                                       |                        |                     |                | 0                         | 15.0      | 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                  |  |                   |  |
| GAINESVILLE FL 32653  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chil galaxinos of registered agent.  SIGNATURE  Synaviru typod or printed name of impreed agent and tild it application.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be | 6307 NW                        | 136 ST                         |                                       |                        |                     |                | Street Address            | s (P.O. I | (P.O. Box Number is Not Acceptable)     |                                  |  |                   |  |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature speaker printed mane of registered agent and title fapilicable.   (h.OTE. Registered Agent signature required when reneating)   DATE   |                                |                                | 53 ·                                  |                        |                     |                |                           |           |   |                                  |  |                   |  |
| THE OBLIGATIONS of registered agent.  SIGNATURE    Signature speed or printed name of registered agent and tile if applicable. (NOTE Registered Apont signature required when reinstating)   Part   Pa   |                                |                                |                                       |                        |                     |                | City                      | <u> </u>  | <del></del>                             | FL                               | Zip Cod                                      | le .              |  |
| Signature up yould or printed name of legislated apport apportuse required when reinscating)  FILE NOW!!! FEE IS \$15.0.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE MAME STREET ADDRESS GAINESVILLE FL  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS GAINESVILLE FL  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS GAINESVILLE FL  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAME MAME MAME MAME MAME MAME MAME M   | 8. The above the obligat       | named entity<br>ions of regist | v submits this statemi<br>ered agent. | ent for the purp       | ose of changing its | s register     | ed office or regist       | tered a   | gent, or both, in the State of Fl       | orida. I am f                    | amiliar with,                                | and accept        |  |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.   | SIGNATURE .                    |                                |                                       |                        |                     |                |                           |           |   |                                  |  |                   |  |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MAME STREET ADDRESS STR  |                                | Signature, typed               | or printed name or registered         | agent and title if app | olicable. (NU       | I L: Registere | ed Agent signature requii | ired when | reinstating)                            | DATE                             |  |                   |  |
| TITLE MAMME MAMME MAMME MAMME STREET ADDRESS STREET   | After                          | May 1, 200                     | 3 Fee will be \$550                   | 0.00                   |                     |                |                           |           |   |                                  | \$5.0<br>Added                               | May Be            |  |
| TITLE MAMME MAMME MAMME MAMME STREET ADDRESS STREET   | 10.                            |                                | · OFFICERS                            | AND DIRECTO            | l<br>IRS            | 11.            |                           | Δ         | I<br>DDITIONS/CHANGES TO DEF            | ICERS AND                        | DIRECTOR                                     | S IN 11           |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE WANE STREET ADDRES   |                                | P                              |                                       |                        |                     | _              | -                         |           | BBITTO NOT OTTAINALED TO OFF            | IOCI IO AND                      |  |                   |  |
| STREET ADDRESS GITY-ST-ZIP  GITLE GI   | NAME                           |                                | LLOYD B.                              |                        | □ Delete            |                | _                         |           |   |                                  | ☐ Change                                     |                   |  |
| CITY-ST-ZIP  CAINESVILLE FL  CITY  CITY  CITY  CITY  CITY  CITY-ST-ZIP  CITY   | STREET ADDRESS                 | 6307 NW                        | 136 ST                                |                        |                     |                |                           |           |   | •                                |  |                   |  |
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| CITY-ST-ZIP   | STREET ADDRESS                 |                                |                                       |                        |                     |                | -                         |           |   |                                  |  | :                 |  |
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| CITY-ST-ZIP   | NAME                           |                                |                                       |                        | LLI DOIGIC          |                | ı                         |           |   |                                  | Onlings                                      |                   |  |
| CITY-ST-ZIP   | STREET ADDRESS                 |                                |                                       |                        |                     |                | !                         |           |   |                                  |  |                   |  |
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| CITY-ST-ZIP  | STREET ADDRESS                 |                                |                                       |                        |                     |                |                           |           |   |                                  |  | İ                 |  |
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| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  | NAME                           |                                |                                       |                        | Delete              |                |                           |           |   |                                  |  |                   |  |
| CITY-ST-ZIP CITY-ST-ZIP  | STREET ADDRESS                 |                                |                                       |                        |                     |                | I                         |           |   |                                  |  | 1                 |  |
| 12. Thereby 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   | CITY-ST-ZIP                    |                                |                                       |                        |                     |                |                           |           |   |                                  |  |                   |  |
|  | 12. Thereby c                  | ertify that the                | information supplied                  | with this filing       | does not qualify fo | r the exe      | motion stated in S        | Section   | 119.07(3)(i), Florida Statutes          | further cert                     | ify that the in                              | formation         |  |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.