

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K73940

1. Entity Name

LABARBERA AND ASSOCIATES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90165 003 ***150.00

Principal Place of Business

Mailing Address

3802 EHRlich ROAD
SUITE 302
TAMPA FL 33624
US

3802 EHRlich ROAD
SUITE 302
TAMPA FL 33618-4568
US

2. Principal Place of Business

2901 W. Busch Blvd.

3. Mailing Address

2901 W. Busch Blvd.

Suite, Apt. #, etc.
Suite #610

Suite, Apt. #, etc.
Suite #610

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33618

Country
USA

Zip
33618

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2941509

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

LABARBERA, GERALDINE G.
3802 EHRlich ROAD
STE 302
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)
2901 W. Busch Blvd.

Suite #610

City
Tampa,

FL

Zip Code
33618

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	D	<input type="checkbox"/> Delete
NAME	LABARBERA, GERALDINE G	
STREET ADDRESS	3802 EHRlich ROAD, SUITE 306	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABARBERA, DOMINICK G	
STREET ADDRESS	3802 EHRlich ROAD, SUITE 306	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABARBERA, MICHAEL G	
STREET ADDRESS	3802 EHRlich ROAD, SUITE 306	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABARBERA, SCOTT D	
STREET ADDRESS	3802 EHRlich ROAD, STE 306	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaBarbera, Geraldine G.	
STREET ADDRESS	2901 W. Busch Blvd., Ste. #610	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaBarbera, Dominick G.	
STREET ADDRESS	2901 W. Busch Blvd., Ste. #610	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaBarbera, Michael G.	
STREET ADDRESS	2901 W. Busch Blvd., Ste. #610	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaBarbera, Scott D.	
STREET ADDRESS	2901 W. Busch Blvd., Ste. #610	
CITY-ST-ZIP	Tampa, FL 33618	
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, and all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

(813)936-0665

Daytime Phone #

CR2E034 (9/99)