

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90211 011 ****50.00

DOCUMENT # 20000000924 ✓

1. Entity Name

BARRETT EQUITIES, L.L.C.

DO NOT WRITE IN THIS SPACE

900028

2. Principal Place of Business

10525 Gulfshore Drive

3. Mailing Address

HC 62, Box 1182

Suite, Apt. #, etc.

Number 211

Suite, Apt. #, etc.

Fallsdale Road

City & State

Naples, FL 34108

City & State

Honesdale, PA 18431

Zip

34108

Country

USA

Zip

18431

Country

USA

4. FEI Number

58-2520808

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Grant, Fridkin, Pearson, Athan & Crown

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

c/o Todd L. Bradley, Esq.

5551 Ridgewood Drive, Suite 501

City **Naples**

FL

Zip Code **34108**

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.

DATE

**FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Barrett, Sara F. 10525 Gulfshore Drive, No. 2 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Barrett, Richard R. HC 62, Box 1182 Fallsdale Rd Honesdale, PA 18431
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Jones, Constance B. 7033 Cedar Street Chagrin Falls, OH 44022
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Anderson, Jane A. 2633 Lydia Avenue Baton Rouge, LA 70808
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/02
Date

570/724-0500
Daytime Phone #

CR2E083B (12/01)