

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012337

1. Entity Name

BARRY & THOMAS PROPERTIES, LLC

FILED

01 JAN 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O JENNIFER BARRY
3220 FREDERICK BLVD., UNIT 41
DELRAY BEACH FL 33483

Mailing Address

C/O JENNIFER BARRY
3220 FREDERICK BLVD., UNIT 41
DELRAY BEACH FL 33483

2. Principal Place of Business

219 NE 1ST AVENUE

3. Mailing Address

219 NE 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

Zip

33444

Country

USA

4. FEI Number

65-1049830

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLEY, MICHAEL R
2000 GLADES ROAD, SUITE 208
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM BARRY, JENNIFER
STREET ADDRESS 3200 FREDERICK BLVD., UNIT 41
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE NAME ☐ Delete
MGRM THOMAS, SHAUNNE
STREET ADDRESS 55 TROPIC ISLE DR., UNIT 33
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003602882--5
CITY-ST-ZIP -01/30/01--01132--018
*****55.00 ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE REQUIRED

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

Date

1/16/01

Daytime Phone #

561.272.4171

CR2E083 (11/00)