

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90125 024 \*\*\*\*50.00

**DOCUMENT # L01000002062**

1. Entity Name  
**BAREFOOT REALTY, LLC**

Principal Place of Business

**104 INAGUA LANE  
 BONITA SPRINGS FL 34134**

Mailing Address

**104 INAGUA LANE  
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

**195 BAYFRONT DR.**

Suite, Apt. #, etc.

3. Mailing Address

**195 BAYFRONT DRIVE**

Suite, Apt. #, etc.

City & State

**BONITA SPRINGS FL**

City & State

**BONITA SPRINGS FL**

4. FEI Number

**36-4422214**

Applied For

Not Applicable

Zip

**34134**

Country

**USA**

Zip

**34134**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BARNETT, LISA ESQ.  
 C/O CHEFFY PASSIDOMO WILSON & JOHNSON  
 821 FIFTH AVENUE SOUTH, STE. 201  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

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

**DI**

**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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MARY ANN GIBSON, MGRM** ☐ Delete  
 STREET ADDRESS **195 BAYFRONT DR.**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE NAME **CHAD ZIDDMANN, MGR** ☐ Delete  
 STREET ADDRESS **195 BAYFRONT DR.**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

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  
 CITY-ST-ZIP

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

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

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

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

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: **Mary Ann Gibson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-15-02**

Date

**314-409-9581**

Daytime Phone #

CR2E083 (9/01)