

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L18776

1. Entity Name  
J.F. BARNECOTT, INC.

Principal Place of Business

POST OFFICE BOX 948532  
MAITLAND FL 32794-8532

Mailing Address

POST OFFICE BOX 948532  
MAITLAND FL 32794-8532

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BARNECOTT, JOHN F  
-1025 MARION OAKS COURT -  
ALTAMONTE SPRINGS FL 32701

REINSTATEMENT

4. FEI Number 59-2975149

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE D  
NAME BARNECOTT, JOHN F  
STREET ADDRESS POST OFFICE BOX 948532  
CITY-ST-ZIP MAITLAND FL 32794-8532

TITLE D  
NAME BARNECOTT, BARBARA E  
STREET ADDRESS POST OFFICE BOX 948532  
CITY-ST-ZIP MAITLAND FL 32794-8532

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 700004672737-9  
STREET ADDRESS -11/08/01--01059--025  
CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/01 (407)831-2215

0114008 AT

CR2E034 (5/01)