

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L64489**

1. Entity Name

BARBARA C. CORTNEY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90059 007 ***150.00

Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~ **550 Fairway Drive** ~~XXXXXXXXXX~~ **550 Fairway Dr.**
~~XXXXXXXXXX~~ **Suite 104** ~~XXXXXXXXXX~~ **Suite 104**
~~XXXXXXXXXX~~ **Deerfield Beach, FL 33441** ~~XXXXXXXXXX~~ **Deerfield Beach, FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

550 Fairway Drive

550 Fairway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

4. FEI Number

65-0184557

Applied For

Not Applicable

Zip

Country

33441

U.S.

Zip

Country

33441

U.S.

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

MOMBACH, GEOFFREY S.
500 E. BROWARD BLVD.
FT. LAUDERDALE FL

Name

BARBARA C. CORTNEY

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

550 Fairway Drive, Suite 104

City

Deerfield Beach

FL

Zip Code

33441

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

Barbara C. Cortney
Barbara C. Cortney, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/00

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 Delete
 NAME **DPS**
CORTNEY, BARBARA C.
 STREET ADDRESS **9948 FLORAL PARK LANE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
CORTNEY, BARBARA C.
 STREET ADDRESS **9948 FLORAL PARK LANE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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, with all other like empowered.

SIGNATURE:

Barbara C. Cortney
BARBARA C. CORTNEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 (954) 725-0908