

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91768 024 ***150.00

DOCUMENT # L80506

1. Entity Name
BAR G ENTERPRISES, INC.

Principal Place of Business

707 WESLEY AVE
TARPON SPRINGS FL 34688
US

Mailing Address

PO BOX 430
TARPON SPRINGS FL 34688-430
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3012761**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAMS JR ESQ, RICHARD C
6337 GRAND BLVD
34648
NEW PORT RICHEY FL 34652

Name

Joseph J. Whyte

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

700 Hickory Lane

City

Palm Harbor

FL

Zip Code
34683

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BASH, EDWARD J.**
STREET ADDRESS **707 WESLEY AVE.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BUTLER, MICHAEL G.**
STREET ADDRESS **707 WESLEY AVE.**
CITY-ST-ZIP **TAPON SPRINGS FL 34689**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Ganley, Edward J.**
STREET ADDRESS **12632 Lake Ridge Cr.**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **D** ☒ Delete
NAME **BUTLER, LAURIE A.**
STREET ADDRESS **707 WESLEY AVE.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **DVPS** ☐ Change ☒ Addition
NAME **Miller, Jack L.**
STREET ADDRESS **4029 Paddlewheel Dr.**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Change ☒ Addition
NAME **Whyte, Joseph J.**
STREET ADDRESS **700 Hickory Ln.**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVPT** ☐ Change ☒ Addition
NAME **Wolf, Mark S.**
STREET ADDRESS **6424 Alcester Dr.**
CITY-ST-ZIP **New Port Richey, FL 34655**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)