

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001494 AF

DOCUMENT # **L97000000758**

1. Entity Name  
**BARCAR, L.C.**

Principal Place of Business  
**202 SPINNAKER DR.  
VERO BEACH FL 32963**

Mailing Address  
**202 SPINNAKER DR.  
VERO BEACH FL 32963-2953**

**11907 FILED**  
**00 MAR 13 PM 2:50**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **65-0777313**  
Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CANARY, NANCY H  
125 WORTH AVE., STE. 117  
PALM BEACH FL 33480**

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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>BARROWS, WILLIAM A JR.<br/>202 SPINNAKER DR.<br/>VERO BEACH FL 32963</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>700003182767-1<br/>-03/24/00--01050--010<br/>*****50.00 *****50.00</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **WILLIAM A JR. BARROWS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**03/10/00** **(561) 331-3864**  
Date Daytime Phone #

CR2E083 (9/99)