

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13320

1. Entity Name

RED BARN ESTATES RESIDENTS' ASSOCIATION, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 024 ****61.25

Principal Place of Business	Mailing Address
5760 SW 18TH TERRACE LOT 42 BUSHNELL FL 33513 US	5760 SW 18TH TERRACE LOT 42 BUSHNELL FL 33513-4471 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number	Applied For
59-3003562	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ASHLEY, BURNETT
5760 SW 18TH TERR LOT 42
BUSHNELL FL 33513

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 *Burnett Ashley* (NOTE: Registered Agent signature required when reinstating) DATE 1/25/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, PAMELA 5760 SW 18TH TERR LOT 33 BUSHNELL FL 33513 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEIFER, RICHARD 5760 SW 18TH TERR LOT 232 BUSHNELL FL 33513 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KNUPP, FRED 5760 SW 18TH TERR LOT 14 BUSHNELL FL 33513 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ISRAEL, JOHN 5760 SW 18TH TERR LOT 23 BUSHNELL FL 33513 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISRAEL, JOHN 5760 SW 18TH TERR LOT 23 BUSHNELL FL 33513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUROV, GEORGE 5760 SW 18TH TERR LOT 25 BUSHNELL FL 33513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KNUPP, FRED 5760 SW 18TH TERR LOT 14 BUSHNELL FL 33513 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYANT, PAMELA 5760 SW 18TH TERR LOT 33 BUSHNELL FL 33513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Bryant* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1-25-2000 DAYTIME PHONE # 352/568-8073