

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41582

1. Entity Name

BARBADOS ASSOCIATION OF CENTRAL FLORIDA INC.

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 031 ****61.25

B0126120



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

POST OFFICE BOX 680688
ORLANDO FL 32868-0688

POST OFFICE BOX 680688
ORLANDO FL 32868-0688

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

59-3037048

Applied For

Not Applicable

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

MONROE, WALT
1795 FIRWOOD COURT
ORLANDO FL 32818

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME MORRIS, DENNIS ☐ Delete
STREET ADDRESS 1016 MCDANIEL CREEK COURT
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME CAMPBELL, RYVAN ☐ Delete
STREET ADDRESS 7757 BARBERRY DRIVE
CITY-ST-ZIP ORLANDO FL 32835

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME PILE, TYRELL ☐ Delete
STREET ADDRESS 8815 BAYVISTA COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-24-02

407-365-8619

CR2E037 (9/01)