

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45747

1. Entity Name

BARRIER ISLAND FOUNDATION, INC.

Principal Place of Business

Mailing Address

KETTLE HARBOR DR. #42
GROVE CITY FL 34224
US

P.O. BOX 5337 NA
GROVE CITY FL 34224
US

2. Principal Place of Business

3152 Willow Rd

3. Mailing Address

3152 Willow Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA FL

4. FEI Number

65-0292313

Applied For

Not Applicable

Zip

33982

Country

USA

Zip

33982

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARR, ROBERT J.
KETTLE HARBOR DR #42
GROVE CITY FL 34224

7. Name and Address of New Registered Agent

Name ROBERT J STARR

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

3152 Willow Rd.

City PUNTA GORDA FL

Zip Code 33982

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

Robert J. Starr

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

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STARR, ROBERT J. KETTLE HARBOR DR #42 GROVE CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNEMAN, B KETTLE HARBOR LOT 47 GROVE CITY FL 34224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S HARVEY, TERRSA 4278 HARTSOUR AVE. NORTH PORT FL 34287	<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
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	DP STARR ROBERT J 3152 WILLOW RD PUNTA GORDA FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY BRENNEMAN 9193 SPRING VALLEY RD. ENGLERWOOD FL 34224	<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
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:

Robert J. Starr ROBERT J STARR 4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)