

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50557

1. Entity Name

BAREFOOT BAY COMMUNITY FUND, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90009 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

625 BAREFOOT BLVD  
BAREFOOT BAY FT 32976  
US

P O BOX 779 186  
BAREFOOT BAY FL 32976-9186  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3139673

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

FRESE, GARY B.  
930 S HARBOR CITY BLVD  
STE 505  
MELBOURNE FL 32901

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 ☐ Delete  
NAME D  
STREET ADDRESS O'KEEFE, MARILYN  
CITY-ST-ZIP 1201 ARECA DR  
BAREFOOT BAY FL 32906

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WESCHLER, EUGENE  
CITY-ST-ZIP 1023 ROYAL PALM DR  
BAREFOOT BAY FL 32976

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

TITLE ☒ Delete  
NAME T  
STREET ADDRESS KROM, BENJAMIN E  
CITY-ST-ZIP 1324 N. OLEANDER  
BAREFOOT BAY FL 32976

TITLE ☐ Change ☒ Addition  
NAME TD  
STREET ADDRESS KLINE, ALFRED  
CITY-ST-ZIP 1019 ROYAL PALM DR.  
BAREFOOT BAY, FL. 32976

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS CANHAM, FLORENCE A  
CITY-ST-ZIP 825 S WATERWAY  
BAREFOOT BAY FL

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS CARROLL, LEO F  
CITY-ST-ZIP 916 DOGWOOD DRIVE  
BAREFOOT BAY FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS DORDELMAN, ELEANOR  
CITY-ST-ZIP 910 JACARANDA DR.  
BAREFOOT BAY, FL. 32976

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS SNELLBAKER, H J  
CITY-ST-ZIP 601 E OLEANDER CIRCL  
BAREFOOT BAY FL 32976

TITLE ☐ Change ☐ Addition  
NAME  
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: *Leo Carroll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000

(561) 664-0071

Date

Daytime Phone #

CR2E037 (9/99)