

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91344 015 ****61.25

DOCUMENT # N50557

1. Entity Name

BAREFOOT BAY COMMUNITY FUND, INC.

Principal Place of Business

**625 BAREFOOT BLVD
 BAREFOOT BAY FL 32976
 US**

Mailing Address

**P O BOX 779 186
 BAREFOOT BAY FL 32976
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3139673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

TITLE **D** ☐ Delete
 NAME **O'KEEFE, MARILYN**
 STREET ADDRESS **1201 ARECA DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

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

TITLE **TD** ☐ Delete
 NAME **KLINE, ALFRED**
 STREET ADDRESS **1019 ROYAL PALM DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **See** ☐ Change ☒ Addition
 NAME **Harriet Dorrell**
 STREET ADDRESS **1249 W Bougainvillea Cir,**
 CITY-ST-ZIP **Barefoot Bay , Fl, 32976** ☐ Change ☐ Addition

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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: **SIGNATURE REQUIRED** *Alfred E Kline* **5/1/01** **561-664-7885**

CR2E037 (10/00)