

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50557

1. Entity Name

BAREFOOT BAY COMMUNITY FUND, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90404 001 ****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
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

59-3139673

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

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

Name

City Address (P.O. Box 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 32976

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Harriet K. Dorrell
CITY-ST-ZIP 1249 W. Bougainvillea Cir.
Barefoot Bay, FL. 32976

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 TD
STREET ADDRESS KLINE, ALFRED
CITY-ST-ZIP 1019 ROYAL PALM DR
BAREFOOT BAY FL 32976

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

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 D
STREET ADDRESS CARROLL, LEO F
CITY-ST-ZIP 916 DOGWOOD DRIVE
BAREFOOT BAY FL

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

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:

Harriet K. Dorrell Harriet K. Dorrell 4/11/02 664-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)