

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51219

1. Entity Name

BARCLEY ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED

00 JUN 16 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business P.O. BOX 20341 ST. PETERSBURG FL 33742		Mailing Address P.O. BOX 20341 ST. PETERSBURG FL 33742	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	

DO NOT WRITE IN THIS SPACE

5/30/00 90002/D13 \$ 70.00

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRNES, GENTRY B.  
1444 86TH AVE. N.  
ST. PETERSBURG FL 33702

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	PD	<input type="checkbox"/> Delete
NAME	STOCK, CAROL	
STREET ADDRESS	8700 15TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRAVES, JEFF	
STREET ADDRESS	8832 15TH WAY NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WATERS, RONALD C	
STREET ADDRESS	1300 88TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRES. (V) D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBERS, CHRIS	
STREET ADDRESS	8775 15TH LANE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	SECRETARY (S) D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINGER, KIMBERLY	
STREET ADDRESS	1301 86TH TERRACE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JEFFREY K. GRAVES 4-27-00 (727) 577-4752

Signature and typed or printed name of signing officer or director

Date Daytime Phone #

CR2E037 (9/99)