

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90368 018 \*\*\*\*\*70.00

0062788

**DOCUMENT # N51219**

1. Entity Name

**BARCLEY ESTATES HOMEOWNERS ASSOCIATION, INC.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 PD ☒ Delete  
 NAME STOCK, CAROL  
 STREET ADDRESS 8700 15TH STREET NORTH  
 CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE P/D ☐ Change ☒ Addition  
 NAME QUINTIN, CAROLYN  
 STREET ADDRESS 1101 89TH AVENUE N.  
 CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE TD ☒ Delete  
 NAME GRAVES, JEFF  
 STREET ADDRESS 8832 15TH WAY NORTH  
 CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE V/D ☐ Change ☒ Addition  
 NAME CONZELMAN, PETER  
 STREET ADDRESS 1100 86TH TERRACE N.  
 CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE VPD ☒ Delete  
 NAME RODGERS, CHRIS  
 STREET ADDRESS 8775 15TH LANE NORTH  
 CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE T/D ☐ Change ☒ Addition  
 NAME HALL, JASON  
 STREET ADDRESS 8624 14TH WAY N.  
 CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE SD ☒ Delete  
 NAME GRAINGER, KIMBERLY  
 STREET ADDRESS 1301 86TH TERRACE NORTH  
 CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE S/D ☐ Change ☒ Addition  
 NAME PARENTEAU, KIMBERLY  
 STREET ADDRESS 1301 86TH TERRACE N.  
 CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 of 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 my address, with all other like empowered.

SIGNATURE:

*[Signature]* **REQUIRED** 4/23/2001 727.577.2404

CR2E037 (10/00)