

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003724

1. Entity Name

INTERACTIVE MEDIA SERVICE FOUNDATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90165 005 ****61.25

Principal Place of Business

Mailing Address

845 32ND ST.
SARASOTA FL 34234
US

845 32ND ST.
SARASOTA FL 34234-5714
US

2. Principal Place of Business

1334 CALOCHAN ROAD

3. Mailing Address

1334 CALOCHAN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
RUSTBURG, VA

City & State
RUSTBURG, VA

4. FEI Number

65-0517137

Applied For

Not Applicable

Zip
24588

Country
US

Zip
24588

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BARRINGER, DONNA LEIGH
845 32ND STREET
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name BARRINGER, H. DOUGLAS

Street Address (P.O. Box Number is Not Acceptable)

6525 20th STREET N.

City ST. PETERSBURG

FL

Zip Code
33702

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

H. Douglas Barringer

H. Douglas Barringer

4/1/2000

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	PTD	<input type="checkbox"/> Delete
NAME	BARRINGER, DONNA L	
STREET ADDRESS	845 32ND STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARRINGER, KATHERINE	
STREET ADDRESS	RT. 1 BOX 174	
CITY-ST-ZIP	RUSTBURG VA 24588	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BARRINGER, H. DOUGLAS	
STREET ADDRESS	6525 20TH STREET N.	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGER, DONNA L	
STREET ADDRESS	1334 CALOCHAN ROAD	
CITY-ST-ZIP	RUSTBURG, VA 24588	
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		<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:

Donna L. Barringer
DONNA L. BARRINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

804-821-2904

Date

Daytime Phone #

CR2E037 (9/99)