

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90023 033 ****61.25

DOCUMENT # N97000003728

1. Entity Name

THE BARBER CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

479 INTERSTATE CT
 SARASOTA FL 34240
 US

479 INTERSTATE CT
 SARASOTA FL 34240-8962
 US

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4902 HIDDEN OAKS TRAIL
 Suite, Apt. #, etc.

4902 HIDDEN OAKS TRAIL
 Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA

4. FEI Number

65-0816339

Applied For
 Not Applicable

Zip

34232

Country

SARASOTA

Zip

34232

Country

SARASOTA

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

SABA, RICHARD D
 2033 MAIN ST. STE. 303
 SARASOTA FL 34237

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:
SEE 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	P	<input checked="" type="checkbox"/> Delete
NAME	WYATT, JERRY R	
STREET ADDRESS	4902 HIDDEN OAKS TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WYATT, ROBERT V	
STREET ADDRESS	439 INTERSTATE CT	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WYATT, SHARON	
STREET ADDRESS	479 INTERSTATE CT	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIAV, CAROLE	
STREET ADDRESS	2437 BRIAR OAK CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34232	
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	D	<input type="checkbox"/> Change
NAME	CAROL V. WHATS	
STREET ADDRESS	4902 HIDDEN OAKS TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	DENNIS ELLS	
STREET ADDRESS	1961 BARBER RD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	JERRY R WYATT	
STREET ADDRESS	4902 HIDDEN OAKS TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	JAY PERRY	
STREET ADDRESS	1935 BARBER RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	TOM BINNS	
STREET ADDRESS	1953 BARBER RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD EVELSON	
STREET ADDRESS	1933 BARBER RD	
CITY-ST-ZIP	SARASOTA FL 34240	

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** SEC/TREA 1/6/2000 941 256-060
 Date Daytime Phone #