

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006441

1. Entity Name

THE BARBADOS VI AT TARPON COVE CONDOMINIUM ASSOC

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90160 047 \*\*\*\*61.25

Principal Place of Business  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS FL 34134

Mailing Address  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS FL 34134-4920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480571

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HASTINGS, VIVIAN N  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS FL 34134

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FLINN, MILTON G  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
Kenneth W. Hayden  
24301 Walden Center Drive  
Bonita Springs, FL. 34134 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
OAK, TIMOTHY  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
Yvonne Blair  
24301 Walden Center Drive  
Bonita Springs, FL. 34134 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
EASTMAN, KELLI  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
BIDWELL, PAULA  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
MCCALL, THOMAS  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

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

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]* KENNETH W. HAYDEN 3-2000 498-8620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)