

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007361

1. Entity Name

BARLEY'S BAY FESTIVAL, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90087 044 ****61.25

Principal Place of Business

~~101900 OVERSEAS HWY.~~
~~KEY LARGO FL 33037~~

Mailing Address

P.O. BOX 2694
 KEY LARGO FL 33037

2. Principal Place of Business

223 LOEB

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO FL.

City & State

4. FEI Number

65-0892861

Applied For

Not Applicable

Zip

Country

33037

USA

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

BLEVINS, WAYNE

~~101900 OVERSEAS HWY.~~
~~KEY LARGO FL 33037~~

Name

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

223 LOEB

City KEY LARGO

FL

Zip Code

33037

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	<input type="checkbox"/> Delete
NAME	BLEVINS, WAYNE	
STREET ADDRESS	101900 OVERSEAS HWY.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VAUGHN, KEN	
STREET ADDRESS	124 GUMBO LIMBO	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VALLEY, WILLIAM	
STREET ADDRESS	7 DRURY ST	
CITY-ST-ZIP	KEY LARGO FL 33037	
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		

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	
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-00 3054524

Date

Daytime Phone #