2001 UNIFORM BUSINESS REPORT (UBR)

4/14/17

FILED
Jun 02, 2001 8:00 am
Secretary of State
04-17-2001 90166 019 ****61.25

DOCUMENT # N98000007361 ✓

1. Entity Name
BARLEY'S BAY FESTIVAL, INC.

Principal Place of Business	Mailing Address
101900 OVERSEAS HWY KEY LARGO, FL. 33037	P.O. BOX 2694 KEY LARGO, FL. 33037

2. Principal Place of Business	3. Mailing Address
223 LOEB Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY LARGO, FL.	City & State
Zip: 33037 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0892861 ☐ 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
WAYNE BLEVINS 223 LOEB KEY LARGO, FL 33037	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 WAYNE BLEVINS, PRES 040801 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PP WAYNE BLEVINS 223 LOEB KEY LARGO, FL. 33037 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KEB VAUGHN 124 GUMBO LIMBO KEY LARGO, FL 33037 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILLIAM VALLEY 7 DRURY ST. KEY LARGO FL 33037 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

CR2E037 (11/00)

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: WAYNE BLEVINS-PRES 040801 3054534257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #