

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
 03-02-2000 90003 017 \*\*\*150.00

**DOCUMENT # P36253**

1. Entity Name  
**BAIRNCO CORPORATION**

Principal Place of Business

2251 LUCIEN WAY, SUITE 300  
 MAITLAND FL 32751

Mailing Address

2251 LUCIEN WAY, SUITE 300  
 MAITLAND FL 32746-2140

2. Principal Place of Business

**300 Primera Blvd**  
 Suite, Apt. #, etc.  
**Ste 432**

City & State  
**Lake Mary FL**

Zip  
**32746**

Country

3. Mailing Address

**300 Primera Blvd**  
 Suite, Apt. #, etc.  
**Ste 432**

City & State  
**Lake Mary FL**

Zip  
**32746**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**13-3057520**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, J. ROBERT	
STREET ADDRESS	743 BEAR CREEK CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YELVERTON, WILLIAM F	
STREET ADDRESS	61 BOULDERWOOD DR	
CITY-ST-ZIP	BERNARDSVILLE NJ 07924	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FICHTHORN, LUKE E. III	
STREET ADDRESS	514 HOLLOW TREE RIDGE RD	
CITY-ST-ZIP	DARIEN CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHANTZ, RICHARD A.	
STREET ADDRESS	3327 LAKE SHORE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLEY, CHARLES T	
STREET ADDRESS	1 EAST AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LAMBERT, JAMES W	
STREET ADDRESS	489 PICKFORD POINT	
CITY-ST-ZIP	LONGWOOD FL 32750	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, LARRY D.	
STREET ADDRESS	191 Varsity Circle	
CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4439 North 33rd Street	
CITY-ST-ZIP	Arlington VA 22207	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2453 Alauqua Drive	
CITY-ST-ZIP	Longwood FL 32779	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1110 SW Ivanhoe Blvd, #14	
CITY-ST-ZIP	Orlando FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, T, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

**Lawrence C. Maingot**  
**Asst. Sec**

**2-23-2000**

**(407) 875-2222**  
 Daytime Phone #

CR2E034 (9/99)