

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90498 050 ***150.00

DOCUMENT # P36253

1. Entity Name

BAIRNCO CORPORATION

Principal Place of Business

**300 PRIMERA BLVD
 STE 432
 LAKE MARY FL 32746**

Mailing Address

**300 PRIMERA BLVD
 STE 432
 LAKE MARY FL 32746**

2. Principal Place of Business

300 Primera Blvd

3. Mailing Address

300 Primera Blvd

Suite, Apt. #, etc.

Ste 432

Suite, Apt. #, etc.

Ste 432

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

USA

Zip

32746

Country

USA

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, 2001 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 ☐ Delete
 NAME **VPS**
 STREET ADDRESS **SMITH, LARRY D**
 CITY-ST-ZIP **191 VARSITY CIRCLE**
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **YELVERTON, WILLIAM F**
 CITY-ST-ZIP **4439 NORTH 33RD STREET**
ARLINGTON VA 22207

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **FICHTHORN, LUKE E. III**
 CITY-ST-ZIP **2453 ALAQUA DRIVE**
LONGWOOD FL 32779

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHANTZ, RICHARD A.**
 CITY-ST-ZIP **1110 SW IVANHOE BLVD 14**
ORLANDO FL 32804

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FOLEY, CHARLES T**
 CITY-ST-ZIP **1 EAST AVE**
NEW YORK NY

TITLE ☐ Delete
 NAME **VPTS**
 STREET ADDRESS **LAMBERT, JAMES W**
 CITY-ST-ZIP **489 PICKFORD POINT**
LONGWOOD FL 32750

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☒ Change ☒ Addition
 NAME
 STREET ADDRESS **1 EAST END AVE**
 CITY-ST-ZIP **10621**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **VPTAS**
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence C. Maingot
Asst. Secretary

Date

(407) 875-2222
 Daytime Phone #

CR2E034 (10/00)