

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000014478**

1. Entity Name  
**BAREFOOT APPRAISERS & CONSULTANTS, INC.**

Principal Place of Business 1118 GREEN PINE BLVD APT #D-2 W PALM BCH 33409 US	FL	Mailing Address 1118 GREEN PINE BLVD APT #D-2 W PALM BCH 33409 US	FL
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2. Principal Place of Business 3125 FORTUNE WAY	3. Mailing Address 13105 BELHAVEN CT
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Suite, Apt. #, etc. SUITE #16	City & State WELLINGTON FL	Suite, Apt. #, etc. APT #15	City & State WELLINGTON FL
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City & State WELLINGTON FL	City & State WELLINGTON FL	4. FEI Number <b>65-0383969</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 33414	Country US	Zip 33414	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**BAREFOOT RICHARD D**  
**200 BUTLER STREET**  
**SUITE #307**  
**WEST PALM BCH FL**  
**33407 US**

**7. Name and Address of New Registered Agent**

Name  
**BAREFOOT RICHARD D**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3125 FORTUNE WAY**  
**SUITE #16**  
 City  
**WELLINGTON FL** Zip Code  
**33414**

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 \_\_\_\_\_ **02/05/2001**  
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	D	<input type="checkbox"/> Delete	
NAME	<b>BAREFOOT JUDY A</b>		
STREET ADDRESS	<b>1816 S. CIVITAN AVENUE</b>		
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>		
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>BAREFOOT GOLDEN D</b>		
STREET ADDRESS	<b>1816 S. CIVITAN AVENUE</b>		
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>		
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>BAREFOOT RICHARD D</b>		
STREET ADDRESS	<b>1118 GREEN PINE BLVD #D-2</b>		
CITY-ST-ZIP	<b>W PALM BCH FL</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BAREFOOT RICHARD D</b>		
STREET ADDRESS	<b>13105 BELHAVEN CT., #15</b>		
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>		
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			
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:** RICHARD D. BAREFOOT **D** 02/05/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)