

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018430

1. Entity Name

B & F CAPITAL CORP.

FILED  
Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90078 025 \*\*\*150.00

933676



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3825 W SAN PEDRO ST  
TAMPA FL 33629  
US

3825 W SAN PEDRO ST  
TAMPA FL 33629-7807  
US

2. Principal Place of Business

2202 WINDWOOD PLACE

3. Mailing Address

2202 WINDWOOD PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

Zip

33594

Country

USA

Zip

33594

Country

USA

4. FEI Number

59-3171575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, BARBARA J  
3825 W. SAN PEDRO STREET  
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name FISHER, BARBARA J.  
Street Address (P.O. Box Number is Not Acceptable)  
2202 WINDWOOD PLACE

City

VALRICO

FL

Zip Code 33594

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-00  
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	DP	<input type="checkbox"/> Delete
NAME	FISHER, BARBARA J	
STREET ADDRESS	3825 WEST SAN PEDRO STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BARGER, GAIHEL ALLEN	
STREET ADDRESS	1507 LORETTA COURT	
CITY - ST - ZIP	BRANDON FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, BARBARA J.	
STREET ADDRESS	2202 WINDWOOD PLACE	
CITY - ST - ZIP	VALRICO, FL. 33594	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGER, GAIHEL ALLEN	
STREET ADDRESS	2202 WINDWOOD PLACE	
CITY - ST - ZIP	VALRICO, FL 33594	
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		<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		

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: *Barbara J. Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

813-685-0482

CR2E034 (9/99)