

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020964

1. Entity Name

BARBOUR AND ASSOCIATES MARKETING AND RESEARCH, I

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90350 019 ***150.00

Principal Place of Business

6085 KINGSLEY LAKE DR
STARKE FL 32091
US

Mailing Address

POB 1152
STARKE FL 32091
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3178030

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

GOFF, CURTIS B
716 N. FERN CREEK AVENUE
ORLANDO FL 32803

Name

BARBOUR, KATHERINE J.

Street Address (P.O. Box Number is Not Acceptable)

6085 KINGSLEY LAKE DRIVE

STARKE, FL 32091

City

FL

32091

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

Katherine J. Barbour

4-19-01

Signature of registered agent, and the 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BARBOUR, KATHERINE J
STREET ADDRESS 6085 KINGSLEY DR
CITY-ST-ZIP STARKE FL 32091

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BARBOUR, KATHERINE J
STREET ADDRESS 6085 KINGSLEY LAKE DR
CITY-ST-ZIP STARKE FL 32091

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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:

Katherine J. Barbour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01 (904) 533-2885

Date

Daytime Phone #

CR2E034 (10/00)