

5/9.

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-09-2002 90005 022 ****50.00

06-03-2002 91166 018 ***100.00

UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P93000059542**

Name

RAN CRAIG BARBER HOMES, INC.

Principal Place of Business

3606 ENTERPRISE AVENUE
 NAPLES FL 33942
 US

Mailing Address

3606 ENTERPRISE AVENUE
 NAPLES FL 33942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0436877**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BARBER, DONALD R
 3606 ENTERPRISE AVENUE
 NAPLES FL 33942

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, 2002 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	EVD	<input type="checkbox"/> Delete
NAME	BARBER, DONALD R	
STREET ADDRESS	3606 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	ENGEL, MELVIN	
STREET ADDRESS	3606 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMALLWOOD, JOSEPH C	
STREET ADDRESS	3606 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUNNELL, JAY	
STREET ADDRESS	3606 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	EVPO	<input type="checkbox"/> Delete
NAME	BORAN, MICHAEL J	
STREET ADDRESS	3606 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAINEY, CHARLES R	
STREET ADDRESS	3606 ENTERPRISE AVENUE	
CITY-ST-ZIP	NAPLES FL	

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		

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 an office like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
 REQUIRED

4-9-02

Date

Daytime Phone #

CR2E034 (9/01)