

2000 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED

May 24, 2000 8:00 am
Secretary of State

04-25-2000 90132 004 ***150.00

DOCUMENT # P94000057973

1. Entity Name

BARRIE WHOLESALERS, INC.

Principal Place of Business

1386 SARATOGA STREET
DELAND FL 32724
US

Mailing Address

675 E INTERNATIONAL SPEEDWAY BLVD
DELAND FL 32724-2186
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1386 SARATOGA ST.

DELAND, FL.

32724

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3274231

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

Name

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

City

FL

Zip Code

TUMMINELLO, BARBARA
4117 HUCKLEBERRY LN
DELAND FL 32724

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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PRES
BARBARA TUMMINELLO
4117 HUCKLEBERRY LANE
DELAND FL 32724

SECT
SAME AS ABOVE

TREAS.
SAME AS ABOVE

V. PRES
DAVID GRAHAM
390 BURRIS, ST.
DELAND FL 32720

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: *Barbara Tumminello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Tumminello 4-15-00 94738-7579

CR2E034 (9/99)