

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073176

1. Entity Name  
**BILL BARTHOLOMEW HOMES, INC.**

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90020 037 \*\*\*150.00

Principal Place of Business  
**1589 LEWIS LANE**  
**NEW SMYRNA BEACH FL 32168**

Mailing Address  
**1589 LEWIS LANE**  
**NEW SMYRNA BEACH FL 32168**

*wrong address!* *wrong address*

2. Principal Place of Business  
**175 Flamingo Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**175 Flamingo Road**  
Suite, Apt. #, etc.

City & State  
**Edgewater Florida**  
Zip  
**32141**  
Country  
**U.S.A.**

City & State  
**Edgewater Florida**  
Zip  
**32141**  
Country  
**U.S.A.**

4. FEI Number **59-3277200** 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**

**BARTHOLOMEW, WILLIAM L**  
**1589 LEWIS LANE**  
**NEW SMYRNA BEACH FL 32168**

*wrong address*

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 William Bartholomew DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARTHOLOMEW, WILLIAM L			NAME			
STREET ADDRESS	1589 LEWIS LANE			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: William Bartholomew  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2000 904-428-3960  
Date Daytime Phone #

CR2E034 (5/00)

Attachment  
7/12/2000 P94000073176

ADD68617

to whom it may concern:

I did not receive my first notice for corporate fees. I moved from my former address in January 2000. I have always in the past paid my fees on time so as not to incur this LARGE penalty. I spoke with one of your representatives this morning July 12<sup>th</sup> 2000. She said to send this letter and explanation of late payment. This current billing was sent to my present address. I do not know how you received that. The address I put on the form will be my next address as I am moving again. Thanks you for your attention.

William Bartholomew  
William BARTHOLOMEW Pres.

ADJ060417



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, Florida 32314

TO: 0004360 AF \*\*AUTO T1 6 1297 32169-222505

P94000073176

BILL BARTHOLOMEW HOMES, INC  
1205 N PENINSULA AVE  
NEU SMYRNA BEACH FL 32169-2225

*Post address*

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
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