

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017850

1. Entity Name

BARROW SCHURRER ASSOCIATES, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90032 021 ***150.00

Principal Place of Business

Mailing Address

215 N. EOLA DRIVE
ORLANDO FL 32801

215 N. EOLA DRIVE
ORLANDO FL 32801-2028

2. Principal Place of Business

612 TIMBERWILDE CT.

3. Mailing Address

612 TIMBERWILDE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

4. FEI Number

59-3307829

Applied For

Not Applicable

Zip

32708

Country

SEMINOLE

Zip

32708

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LORAN A
215 N. EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

RICHARD C. SCHURRER

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

612 TIMBERWILDE CT.

City

WINTER SPRINGS

FL

Zip Code

32708

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

Richard C. Schurrer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-4-2000

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 PD ☐ Delete
NAME SCHURRER, RICHARD C
STREET ADDRESS 612 TIMBERWILDE CT
CITY-ST-ZIP WINTER SPRINGS FL

TITLE VPTD ☐ Delete
NAME BARROW, ROBERT B
STREET ADDRESS 612 TIMBERWILDE CT
CITY-ST-ZIP WINTER SPGS FL

TITLE VPSD ☐ Delete
NAME SCHURRER, JEFFREY K
STREET ADDRESS 612 TIMBERWILDE CT
CITY-ST-ZIP WINTER SPG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Richard C. Schurrer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2000 (407)327-0240

Date

Daytime Phone #