

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090684

1. Entity Name

BARTORO, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90077 035 \*\*\*150.00

Principal Place of Business

11342 GROVEWOOD BLVD  
LAND O' LAKES FL 34639

Mailing Address

11342 GROVEWOOD BLVD  
LAND O' LAKES FL 34639-6824

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

65-0630954

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

SETTLES, VALERIE F  
4125 PINTA COURT  
CORAL GABLES FL 33146

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME JOHN C. ARLI  
STREET ADDRESS 8920 SW 125TH TERR  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PD  
NAME JOHN C. BARLI  
STREET ADDRESS 2025 ST MARTINS DR W  
CITY-ST-ZIP JACKSONVILLE, FL 32246 ☒ Change ☐ Addition

TITLE VPD  
NAME PAUL ROY BARLI  
STREET ADDRESS 7028 DALLAS RD  
CITY-ST-ZIP BROOKLYN CENTER MN ☐ Delete

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

TITLE S  
NAME REBECCA SANTORO  
STREET ADDRESS 11342 GROVEWOOD BLVD.  
CITY-ST-ZIP LAND O LAKES FL ☐ Delete

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

TITLE TD  
NAME JOSEPH SANTORO  
STREET ADDRESS 11342 GROVEWOOD BLVD.  
CITY-ST-ZIP LAND O LAKES FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00  
Date

904-220-1247  
Daytime Phone #

CR2E034 (9/99)