

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90042 003 ***150.00

UUU63647

DO NOT WRITE IN THIS SPACE

DOCUMENT #

P96000063661

1. Entity Name
BARFIELD AND ASSOCIATES ORGANIZATIONAL COMMUNICATIONS CONSULTANTS, INC.

Principal Place of Business Mailing Address
3823 RUNNING WATER DR P.O. BOX 780753
ORLANDO, FL 32829 ORLANDO, FL
328 32878-0753

2. Principal Place of Business **3823 RUNNING WATER DR.**
 Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 780753**
ORLANDO, FL 32878-0753
 Suite, Apt. #, etc.

City & State **ORLANDO, FL** City & State **ORLANDO, FL**
 Zip **32829** Country Country
 Zip **32878-0753** Country

4. FEI Number **59-3415900** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DR. RUFUS L. BARFIELD, II
3823 RUNNING WATER DR
ORLANDO, FL 32829

7. Name and Address of New Registered Agent
 Name **DR. RUFUS L. BARFIELD, II**
 Street Address (P.O. Box Number is Not Acceptable) **3823 RUNNING WATER DR**
 City **ORLANDO, FL** Zip Code **32829**

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  **4/20/00**
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	CEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALARIE BARFIELD		NAME		
STREET ADDRESS	3823 RUNNING WATER DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUFUS L. BARFIELD, II		NAME		
STREET ADDRESS	3823 RUNNING WATER DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32829		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)(l), 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:  **RUFUS L. BARFIELD, II** **4/20/00** **407-281-0532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)