

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
 03-24-2000 90118 032 ***158.75

DOCUMENT # P97000012865

1. Entity Name

THE BARBER SHOP, INC. OF CENTRAL FLORIDA

Principal Place of Business

**108 SOUTH SEMORAN BLVD.
 WINTER PARK FL 32792**

Mailing Address

**108 S. SEMORAN BLVD.
 P.O. BOX 5364
 WINTER PARK FL 32793-5364**

2. Principal Place of Business

3. Mailing Address

108 S. Semoran Blvd.

Suite, Apt. #, etc.

P.O. Box 5359

City & State

Winter Park, FL

Zip

32793-5359

Country

USA

6. Name and Address of Current Registered Agent

**MORIARTY, JAMES D
 2296 BARBADOS DR.
 WINTER PARK FL 32807**

**MORIARTY James D
 1659 Bass Ave.
 Seville, FL 32190**

7. Name and Address of New Registered Agent

JAMES DOZIER

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

5518 Genoa Ln

City

Orlando

State

FL

Zip Code

32813

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

D/P James D. Moriarty 2-25-2000

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	D	<input type="checkbox"/> Delete
NAME	MORIARTY, JAMES D	
STREET ADDRESS	2296 BARBADOS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORIARTY, CAROL E	
STREET ADDRESS	2296 BARBADOS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORIARTY, James D.	
STREET ADDRESS	1659 Bass Ave.	
CITY-ST-ZIP	Seville, FL 32190	
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORIARTY, Carol E.	
STREET ADDRESS	1659 Bass Ave.	
CITY-ST-ZIP	Seville, FL 32190	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOZIER, James D.	
STREET ADDRESS	5518 Genoa Ln.	
CITY-ST-ZIP	Orlando, FL 32813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, when authorized to sign.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Moriarty D/P

2-25-2000 407 679 9060

Date

Daytime Phone #

CR2E034 (9/99)