

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90500 047 ***150.00

0518397

DOCUMENT # P97000088751

1. Entity Name

BARBER PROPERTIES, INC.

Principal Place of Business

Mailing Address

PO BOX 1581
 THONOTOSASSA FL 33592

PO BOX 1581
 THONOTOSASSA FL 33592

00023854

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3471564**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BARBER, DENNIS
9302 ALAN BROOKE STR
TEMPLE TERRACE FL 33637

new address →

Name

Dennis Barber

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

10309 Timmons Road

City

Thonotosassa

FL

Zip Code

33592

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, 2001 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **BARBER, NATHANIEL L JR**
 CITY-ST-ZIP **8601 WILLIAMS RD**
SEFFNER FL 33584

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **8606**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **BARBER, DENNIS**
 CITY-ST-ZIP **11741 GAIL DRIVE**
TEMPLE TERRACE FL 33617

TITLE ☒ Change ☐ Addition
 NAME **VP**
 STREET ADDRESS **DENNIS BARBER**
 CITY-ST-ZIP **10309 TIMMONS RD**
THONOTOSASSA, FL 33592

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **BARBER, LINDSAY**
 CITY-ST-ZIP **11741 GAIL DRIVE**
TEMPLE TERRACE FL 33617

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **LINDSAY BARBER**
 CITY-ST-ZIP **10309 TIMMONS RD**
THONOTOSASSA, FL

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **BARBER, MYRNA**
 CITY-ST-ZIP **8606 WILLIAMS RD**
SEFFNER FL 33584

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of 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] **DENNIS W. BARBER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02 (813) 987-2100
 Date Daytime Phone #

CR2E034 (10/00)