2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # **P98000020098** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name BARN RAISERS, INC. 04-12-2000 90045 002 ***150.00 Mailing Address Principal Place of Business 9620 NW 187 TERRACE 9620 NW 187 TERRACE ALACHUA FL 32615-6026 ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address 13527 Banana Bay 13527 Banana Bay DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Gordan 59-3500053 Winter Garden Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 34787 υSA 34787 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent nderson BUTTS, ROBERT P 220 N MAIN STREET SUITE A GAINESVILLE FL 32601 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D ☐ Addition Delete TITLE Randall Anderson RYNNING, THOMAS NAME: 13527 Banana Bay Dr. STREET ADDRESS STREET ADDRESS 9620 NW 187 TERR CITY-ST-ZIP CITY-ST-ZIP Winter Garden. Fl ALACHUA FL 32615 ☐ Change Addition TITLE Delete TITLE HARRISON, MAURICE NAME NAME STREET ADDRESS STREET ADDRESS 660 GOLDEN OAKS LN CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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 addiscs, with all other like empowered.