

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053479

1. Entity Name

BARCLAYS OF BRIGHTON (PROPERTIES) LIMITED CORP.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90013 027 ***158.75

Principal Place of Business

Mailing Address

LITTLE POND COTTAGE

506 SE 20 COURT

BOYNTON BEACH FL 33435

630 LAKESIDE HARBOUR

BOYNTON BEACH FL 33435

LITTLE POND COTTAGE

506 SE 20 COURT

BOYNTON BEACH FL 33435

630 LAKESIDE HARBOUR

BOYNTON BEACH FL 33435

2. Principal Place of Business

630 LAKESIDE HARBOUR

BOYNTON BEACH FL 33435

Suite, Apt. #, etc.

3. Mailing Address

630 LAKESIDE HARBOUR

BOYNTON BEACH FL 33435

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

4. FEI Number

65-0711187

Applied For

Not Applicable

Zip

FL 33435

Country

PALM BEACH

Zip

33435

Country

PALM BEACH

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

KOPSON, JOHN E

7300 W. CAMINO REAL

#126

BOCA RATON FL 33433

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)

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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.

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\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME YULL, JOHN V
STREET ADDRESS 506 SE 20 COURT- 630 LAKESIDE HARBOUR
CITY-ST-ZIP BOYNTON BEACH FL 33435

☐ Delete

TITLE
NAME ADDRESS
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☐ 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

Date

Daytime Phone #

CR2E034 (10/00)