

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000009704**

1. Entity Name  
**N.C. BARROW, INC.**

Principal Place of Business  
**Santa Rosa Beach, Florida**

Mailing Address  
**304 Richer Ave  
Santa Rosa Beach, FL 32459**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**  
07-13-2000 90013 040 \*\*\*158.75

2. Principal Place of Business  
**304 Richer Ave**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Santa Rosa Beach Fla**

City & State

Zip  
**32459**

Country  
**U.S.A**

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-358-1878**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**Nena Cheek Barrow  
304 Richer Ave  
Santa Rosa Beach, FL 32459**

7. Name and Address of New Registered Agent  
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 **Nena Cheek Barrow** DATE **June 30, 2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>President</b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Nena Cheek Barrow</b>		NAME <b></b>	
STREET ADDRESS <b>304 Richer Ave</b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b>Santa Rosa Beach Fla 32459</b>	<input type="checkbox"/> Delete	CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Also Secretary-Treasurer</b>		TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Ant Sole Director</b>	<input type="checkbox"/> Delete	NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Nena Cheek Barrow** DATE **June 30, 2000** DAYTIME PHONE # **850 231 6263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Annual Report & Cert of Status  
N.C. Bureau, Inc.

Dear Folks:

Our CPA had us call your office  
because we never received our  
Annual Report.

Your folks told us they would send  
the form, for us to fill out & return  
with firm's check for \$158.75. The check,  
#1839, Dextin Bank is enclosed.

If any questions please call William  
D. Banson at 830-231-5760.

We shall be looking forward to  
receiving our Cert of Status.

Thank you very much.  
Wm Banson