

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90078 015 \*\*\*150.00

**DOCUMENT # P99000011942**

**1. Entity Name**  
**FURICK ENTERPRISES, INC.**

**Principal Place of Business**

**12560 TAMiami TRAIL SOUTH**  
**VENICE FL 34287**

**NORTH PORT**

**Mailing Address**

**12560 TAMiami TRAIL SOUTH**  
**VENICE FL 34287**

**NORTH PORT**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NORTH PORT**

**NORTH PORT**

**4. FEI Number**

**65-0903276**

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**

**BETTERTON, GREG A ESQ.**  
**981 EDGEWOOD AVENUE**  
**SUITE 101**  
**VENICE FL 34292**

Name

**DOUGLAS S. BATTAGLIA**

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

**12560 TAMiami TRAIL SOUTH**

City

**NORTH PORT**

**FL**

Zip Code

**34287**

**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]*  
 Signature (Typed or printed name of registered agent and this is applicable)

**DOUGLAS S. BATTAGLIA**

**02/22/02**

(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, 2002 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 **D** ☐ Delete  
 NAME **BATTAGLIA, KARI A**  
 STREET ADDRESS **1225 ROSEDALE ROAD**  
 CITY-ST-ZIP **VENICE FL 34293**

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

TITLE **D** ☐ Delete  
 NAME **BARNHARDT, STEVE**  
 STREET ADDRESS **7891 ESTATES DR.**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

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  
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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 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 an other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVE BARNHARDT**

Date

**2/16/02**

Daytime Phone #

**941-468-3426**

CR2E034 (9/01)