

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90039 028 ***150.00

DOCUMENT # P99000020440

1. Entity Name

BARBARA ANSON REALTY, INC.

Principal Place of Business

Mailing Address

**40451 STATE ROAD 70 EAST
MYAKKA CITY FL 34251****40451 STATE ROAD 70 EAST
MYAKKA CITY FL 34251-8990**

2. Principal Place of Business

3. Mailing Address

37230 Glenwood**P.O. Box 277**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Myakka City FL**Myakka City FL**

4. FEI Number

65-0905780

Applied For

Not Applicable

Zip

Country

Zip

Country

34251**Manatee****34251****USA**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

**ANSON, BARBARA
40451 STATE ROAD 70 EAST
MYAKKA CITY FL 34251**

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	SPD	<input type="checkbox"/> Delete
NAME	ANSON, BARBARA	
STREET ADDRESS	40451 STATE ROAD 70 EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara Anson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/00

Date

941-322-1661

Daytime Phone #