

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020956

1. Entity Name

BARRIER ISLAND GROUP CONSULTING & INVESTMENT CO.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90011 016 ***150.00

Principal Place of Business

5789 BALTUSROL COURT #301
SANIBEL FL 33957

Mailing Address

5789 BALTUSROL COURT #301
SANIBEL FL 33957-2231

2. Principal Place of Business

5125 JOEWOOD DRIVE

3. Mailing Address

5125 JOEWOOD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

SANIBEL FL

4. FEI Number

31-1640491

Applied For

Not Applicable

Zip

33957

Country

USA

Zip

33957

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

KENNETH J LAMOTTE

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

5125 JOEWOOD DRIVE

City

SANIBEL

FL

Zip Code

33957

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMOTTE, KENNETH J	
STREET ADDRESS	5789 BALTUSROL COURT #301	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	LA MOTTE, KENNETH J	<input type="checkbox"/> Delete
NAME	5125 JOEWOOD DRIVE	
STREET ADDRESS	SANIBEL FL 33957	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 all other information empowered.

SIGNATURE:

KENNETH J LAMOTTE

KENNETH J LAMOTTE

031000

Date

Daytime Phone #

CR2E034 (9/99)