

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089385

1. Entity Name

BAR BOATING CORPORATION

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90096 031 \*\*\*150.00

Principal Place of Business

Mailing Address

222 LAKEVIEW AVE., 17TH FLOOR  
W. PALM BEACH FL 33401

222 LAKEVIEW AVE., 17TH FLOOR  
W. PALM BEACH FL 33401-6150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0952140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



652081

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

REGSERV CORP.  
222 LAKEVIEW AVE., 17TH FLOOR  
W. PALM BEACH FL 33401

Name

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

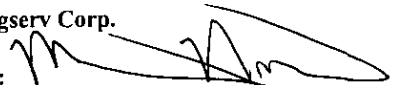
City

FL

Zip Code

8. The above Regserv Corp.

is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By:   
Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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 ☐ Delete  
NAME D/P/S  
STREET ADDRESS RENDINA, BRUCE A  
CITY-ST-ZIP 222 LAKEVIEW AVE., 17TH FLOOR  
W. PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition  
NAME D/P/S  
STREET ADDRESS Rendina, Bruce A.  
CITY-ST-ZIP 222 Lakeview Avenue, 17th Floor  
West Palm Beach, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (561) 655-9008

Date

Daytime Phone #

CR2E034 (9/99)