

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90174 034 ***150.00

DOCUMENT # P99000092096

1. Entity Name

BARNETT, KELLY, CHILDRESS AND ASSOCIATES, INC.

Principal Place of Business

120 UNIVERSITY PARK DR.,STE.210
 WINTER PARK FL 32792

Mailing Address

120 UNIVERSITY PARK DR.,STE.210
 WINTER PARK FL 32792-4419

2. Principal Place of Business

422 W FAIRBANKS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

4. FEI Number

59-3602642

Applied For

Not Applicable

Zip

32790

Country

ORANGE

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

BARNETT, STEPHEN D
120 UNIVERSITY PARK DR.,STE.210
WINTER PARK FL 32792

Name

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

422 W FAIRBANKS AVE #204

City

WINTER PARK

FL

32790

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

4/28/00

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARNETT, STEPHEN D 120 UNIVERSITY PARK DR.,STE.210 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, JOHN 120 UNIVERSITY PARK DR.,STE.210 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHILDRESS, JOE W 120 UNIVERSITY PARK DR.,STE.210 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	422 W FAIRBANKS AVE #204 WINTER PARK, FL 32790	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

(407)679-5000

CR2E034 (9/99)