

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103867

1. Entity Name

BARBER FAMILY ENTERPRISES, INC.

FILED

Sep 11, 2000 8:00 am  
Secretary of State

09-11-2000 90075 020 \*\*\*550.00

Principal Place of Business  
904 NATURES COVE ROAD  
DANIA BEACH FL 33004

Mailing Address  
904 NATURES COVE ROAD  
DANIA BEACH FL 33004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0966949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HILL, MICHAEL W  
4000 NORTH FEDERAL HWY, STE 201  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name WILLIAM J. BARBER  
Street Address (P.O. Box Number is Not Acceptable)  
BARBER FAMILY ENTERPRISES, INC.  
904 NATURES COVE RD  
City DANIA BEACH FL 33004

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 WILLIAM J. BARBER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 9/12/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 CHAIRMAN ☐ Delete  
NAME CAROL BARBER  
STREET ADDRESS 904 NATURES COVE RD  
CITY-ST-ZIP DANIA BEACH FL 33004

TITLE PRESIDENT ☐ Delete  
NAME WILLIAM J BARBER  
STREET ADDRESS 904 NATURES COVE RD  
CITY-ST-ZIP DANIA BEACH FL 33004

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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: WILLIAM J BARBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 954/924-4203

Date

Daytime Phone #

CP2E034 (5/00)