

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90185 021 \*\*\*150.00

**DOCUMENT # S51658**

1. Entity Name

**BARBARA D. ELLIS ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1015 A1A S. BEACH BLVD.  
 ST. AUGUSTINE FL 32084  
 US

1015 A1A S. BEACH BLVD.  
 ST. AUGUSTINE FL 32084  
 US

2. Principal Place of Business

3. Mailing Address

**24 Cathedral Place**

**24 Cathedral Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 207**

**Suite 207**

City & State

City & State

**St. Augustine, FL**

**St. Augustine, FL**

Zip

Zip

Country

Country

**32084**

**St. Johns**

**32084**

**St. Johns**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRESGE, KENNETH R**  
**403 ANASTASIA BLVD**  
**ST AUGUSTINE FL 32084**

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

*Barbara D. Ellis*

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

(NOTE: Registered Agent signature required when reinstating)

*3/12/01*

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, 2001 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

**P**  
**ELLIS, BARBARA D**  
**105-B RIO DEL MAR**  
**ST AUGUSTINE FL**

*5 Lisbon St.*  
*St. Augustine FL 32080*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

*Barbara D. Ellis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/01*

Date

*904-829-3275*

Daytime Phone #

CR2E034 (10/00)