

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S94800**

1. Entity Name

BARBEE AND ASSOCIATES, P.A.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90151 011 ***550.00

Principal Place of Business

**3201 W COMMERCIAL BLVD
STE 114 LAKESHORE BUSINESS CENTER
FT. LAUDERDALE FL 33309
US**

Mailing Address

**3201 W COMMERCIAL BLVD
STE 114 LAKESHORE BUSINESS CENTER
FT. LAUDERDALE FL 33309
US**

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

65-0296553

Applied For

Not Applicable

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

**BARBEE, JOHN P.
STE 300, NATIONSBANK BLDG.
4901 N FED HWY
FT. LAUD FL 33308**

Name

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

1141 NE 27th Ave

City **Pompano Beach**

FL

Zip Code **33062**

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BARBEE, JOHN P**
STREET ADDRESS **34445 NW 44TH ST #106**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☒ Change ☐ Addition
NAME **1141 NE 27th Ave**
STREET ADDRESS **Pompano Beach FL 33062**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **BARBEE, JOHN P**
STREET ADDRESS **3445 NW 44TH ST #106**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☒ Change ☐ Addition
NAME **1141 NE 27th Ave**
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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

Date

Daytime Phone #