

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001871

1. Entity Name
BARTOLINI FINANCE CORPORATION

FILED
00 SEP 25 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1850 E. MAIN ST.
MESA AZ 85203

Mailing Address
1850 E. MAIN ST.
MESA AZ 85203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **86-0812783**
Applied For
Not Applicable

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

BARTOLINI, ROBERT R
2626 S. FEDERAL HWY.
DELRAY BEACH FL 33483

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 _____ (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 NAME	PD BARTOLINI, EDWARD M	<input type="checkbox"/> Delete
STREET ADDRESS	7526 EAST CORRINE RD	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE NAME	VD BARTOLINI, ROBERT R	<input type="checkbox"/> Delete
STREET ADDRESS	7707 NW 47TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE NAME	S KASCHOK, DONNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1261 SE 2 ST.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800003417918-08	
CITY-ST-ZIP	-10/03/00--01006--008	
	****550.00 ****550.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8-12-00* Daytime Phone #

CR2E034 (5/00)