

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01006

1. Entity Name

BARBER FERTILIZER COMPANY

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 91422 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1011 AIRPORT ROAD  
P.O. BOX 356  
BAINBRIDGE GA 31717

1011 AIRPORT ROAD  
P.O. BOX 356  
BAINBRIDGE GA 31718-0356

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 **58-1330349**

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

## 7. Name and Address of New Registered Agent

BARBER, RONALD  
HIGHWAY 231  
P.O. BOX 234  
CAMPBELLTON FL 32426

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

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 \$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. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBER, E. HAROLD	
STREET ADDRESS	1011 AIRPORT RD	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, MIKE	
STREET ADDRESS	1011 AIRPORT RD	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBER, HILDRED	
STREET ADDRESS	1011 AIRPORT RD	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, RONALD	
STREET ADDRESS	1011 AIRPORT RD	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, DONALD	
STREET ADDRESS	1011 AIRPORT RD	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, ROSALYN	
STREET ADDRESS	1011 AIRPORT RD	
CITY-ST-ZIP	BAINBRIDGE GA	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)