

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90032 042 \*\*\*150.00

**DOCUMENT # P95000013075**

1. Entity Name  
**BARGER-CAMERON REALTY, INC.**

Principal Place of Business  
**5565 9TH ST. N.  
 ST. PETERSBURG FL 33703**

Mailing Address  
**5565 9TH ST. N.  
 ST. PETERSBURG FL 33703**

2. Principal Place of Business  
**3268 Morris Street N.**

3. Mailing Address  
**3268 Morris St. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**St. Petersburg FL**

City & State  
**St. Petersburg**

4. FEI Number **59-3292847**

Applied For  
 Not Applicable

Zip **33713**

Country

Zip **33713**

Country

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**

**CAMERON, BEATRICE B  
 5565 9TH ST. N.  
 ST. PETERSBURG FL 33703**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3268 Morris Street North**

**St. Petersburg FL 33713**

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 *Beatrice B Cameron*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-12-01*

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	<input type="checkbox"/> Delete
<b>D</b>	<b>CAMERON, BEATRICE B</b>	<b>5565 9TH ST. N. ST. PETERSBURG FL 33703</b>	<input type="checkbox"/>
<b>D</b>	<b>BARGER, MARILYN</b>	<b>1520 N. SHORE DR. ST. PETERSBURG FL 33704</b>	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>3268 Morris Street N.</b>	<b>St. Petersburg, FL 33713</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>3268 Morris Street N.</b>	<b>St. Petersburg, FL 33713</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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: *Beatrice B Cameron*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # *727-821-5421*

CR2E034 (10/00)