

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 293297

1. Entity Name

JACK M. BERRY, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90099 001 \*\*\*158.75

Principal Place of Business

Mailing Address

EAGLE LAKE LOOP RD. (WINTER HAVEN)  
P.O. BOX 459  
LABELLE FL 33935

PO BOX 5609  
ATTN: KATHY MCDANIEL  
LABELLE FL 33880-0609  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: 59-1095295

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **XX** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRY, JACK M  
HWY 80 WEST  
LABELLE FL 33935

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME MCDANIEL, KATHY  
STREET ADDRESS 344 LAKE DAISY CIR  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE T ☐ Change ☒ Addition  
NAME Coleman, Harold R  
STREET ADDRESS 3655 SR 80 West  
CITY-ST-ZIP Alva, FL 33920

TITLE D ☐ Delete  
NAME SELLERS, CALVIN C  
STREET ADDRESS 400 EAGLE LAKE LOOP RD  
CITY-ST-ZIP WINTER HAVEN, FL 00000 33880

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME BERRY, JACK M JR  
STREET ADDRESS 1945 8TH TERRACE, S.E.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RICHERT, HOLLY B.  
STREET ADDRESS EAGLE LAKE LOOK ROAD  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME KEMPER WE  
STREET ADDRESS 3655 SR 80TH WEST  
CITY-ST-ZIP ALVA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Kathy H. McDaniel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 (863)324-4988

Date

Daytime Phone #

CR2E034 (9/99)