

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90190 029 ****61.25

DOCUMENT # 707799

1. Entity Name
JEFFERSON CENTER, INC.

Principal Place of Business Mailing Address
930 NO TAMiami TRAIL **930 NO TAMiami TRAIL**
SARASOTA FL 34236 **SARASOTA FL 34236**

00009771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6169729		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
STULTS, MARY W. 930 N. TAMiami TRAIL SARASOTA FL 34236				-Name Sandra Dinger					
				Street Address (P.O. Box Number is Not Acceptable) 930 N. Tamiami Trail					
				City Sarasota,		FL		Zip Code 34236	

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 *Sandra Dinger* **Sandra Dinger, Assistant Secretary** 01/18/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR MOHAMMED, SHAN A 6840 HUGHES ST LONGBOAT KEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Mohammed, Shan A. 6840 Hughes Street Longboat Key, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR HART, RICHARD R. 6110 WILLSHIRE CIRCLE SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Sandra Dinger 2332 Appaloosa Circle Sarasota FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ELLIOTT, JOHN R. 6396 MIDNIGHT CVE #913 SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR Elliott, John R. 6396 Midnight Cove #913 Sarasota, FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR REDFERN, HELEN 1600 1ST AVE WEST BRADENTON FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR Dunn, Donna K. 4135 Oakhurst Cir. W. Sarasota, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR ST. CLAIR, DONALD R. 988 BLVD OF THE ARTS, APT. 1116 SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR St. Clair, Donald R. 988 Blvd. of the Arts, #1116 Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR HAPPY, RICHARD T 4320 CENTER POINTE LANE SARASOTA FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Happy, Richard T. 4320 Center Pointe Lane Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Dinger* **Sandra Dinger** **Asst. Sec.** 01-18-01 941-953-9585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)