

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004194

1. Entity Name

JEFFERSON ARTS, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90062 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~PO BOX 1115~~  
~~MONTICELLO FL 32344~~

PO BOX 1115  
 MONTICELLO FL 32345-1115

2. Principal Place of Business

3. Mailing Address

575 W. Washington St.  
 Suite, Apt. #, etc.

P.O. Box 1115  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Monticello, FL

City & State  
 Monticello, FL

4. FEI Number  
 59-3453990

Applied For  
 Not Applicable

Zip Country  
 32344 USA

Zip Country  
 32344 USA

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

MOON, WILLIAM G  
 970 E PEARL ST  
 MONTICELLO FL 32344

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOON, WILLIAM G	
STREET ADDRESS	970 E PEARL ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALDERRAMA, GAIL	
STREET ADDRESS	RT 3, BOX 226-3D	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOOK, BARBARA	
STREET ADDRESS	RT 4 BOX 40985	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSE, LINDA	
STREET ADDRESS	RT 4, BOX 40985	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JANE K	
STREET ADDRESS	RT 4 BOX 40060	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input 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		<input 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		

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: WILLIAM G. MOON  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 PRESIDENT 2/27/00 850-997-5374  
 Date Daytime Phone #

CR2E037 (9/99)