

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90053 021 \*\*\*150.00

**DOCUMENT # P98000098526**

1. Entity Name

**THE JARRETT/FAVRE DRIVING ADVENTURE, INC.**

Principal Place of Business

**3660 MAGUIRE BLVD STE101  
 ORLANDO FL 32803**

Mailing Address

**3660 MAGUIRE BLVD STE101  
 ORLANDO FL 32803**

2. Principal Place of Business

**4279 Burnwood Tr**

3. Mailing Address

**4279 Burnwood Tr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Denver, NC**

City & State

**Denver, NC**

Zip

**28037**

Country

Zip

**28037**

Country

4. FEI Number

**59-3564984**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHANNON, TIMOTHY**

**3660 MAGUIRE BLVD STE101  
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name **Kenneth J. Scott CPA**

Street Address (P.O. Box Number is Not Acceptable)

**X 1936 Cep Rd #270**

**X City Winter Park FL**

Zip Code **32789**

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

**1/25/02**

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, 2002 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHANNON, TIMOTHY</b>	
STREET ADDRESS	<b>3660 MAGUIRE BLVD STE101</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSENBLOOM, BRIAN</b>	
STREET ADDRESS	<b>3660 MAGUIRE BLVD STE 101</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHANNON, TIMOTHY</b>	
STREET ADDRESS	<b>X 4279 Burnwood Tr</b>	
CITY-ST-ZIP	<b>X DENVER, NC 28037</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>X 9632 Maywood Dr</b>	
CITY-ST-ZIP	<b>X WINTERMEER, FL 34786</b>	
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		

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02 (764) 489-8001**

Date

Daytime Phone #

CR2E034 (9/01)