

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0011591

DOCUMENT # 161737

03-26-2001 90055 016 ***150.00

1. Entity Name
VARN INVESTMENT COMPANY

Principal Place of Business
601 II RIVERSIDE AVENUE
SUITE 460
JACKSONVILLE FL 32204
US

Mailing Address
645 RIVERSIDE AVE.,STE.460
P.O.BOX 4488 (32201)
JACKSONVILLE FL 32204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0492760**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

VARN JR, LESTER
645 RIVERSIDE AVE.,STE.460
JACKSONVILLE FL 32204

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD VARN JR, LESTER	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE.,#460	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	VD VARN, GEORGE W	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE.,#460	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	STD VARN III, WILLIAM L	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE.,#460	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	ASTD VARN JR, GEORGE W	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE.,#460	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	AS VARN, MERRILL	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVENUE #460	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	AS EMILY R. MADIGAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	645 Riverside Avenue, #460	
CITY-ST-ZIP	Jacksonville, FL 32204	

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:

[Handwritten Signature]

Lester Varn, Jr., President

3/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)