

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 17, 2000 8:00 am  
Secretary of State

04-19-2000 90045 044 \*\*\*150.00

DOCUMENT # 283700

1. Entity Name

JOHN HOLMES, INC.

Principal Place of Business

480 BLACKBURN PT RD  
OSPREY FL 34229

Mailing Address

480 BLACKBURN PT RD  
OSPREY FL 34229-9701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1055485

Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VOEGELI, RONALD C  
918 GIBBS ROAD  
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

JOHN J. MERCURIO

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

713 SOUTH ORANGE AVENUE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

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 \$350.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                   |                                            |
|----------------|-------------------|--------------------------------------------|
| TITLE          | P                 | <input checked="" type="checkbox"/> Delete |
| NAME           | YOEGELI, RONALD C |                                            |
| STREET ADDRESS | 918 GIBBS ROAD    |                                            |
| CITY-STATE-ZIP | VENICE FL 34285   |                                            |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | VP               | <input type="checkbox"/> Delete |
| NAME           | HOLMES, JOHN C   |                                 |
| STREET ADDRESS | 2940 RUSTIC ROAD |                                 |
| CITY-STATE-ZIP | LAUREL FL        |                                 |

|                |                  |                                            |
|----------------|------------------|--------------------------------------------|
| TITLE          | ST               | <input checked="" type="checkbox"/> Delete |
| NAME           | YOEGELI, CAROL R |                                            |
| STREET ADDRESS | 918 GIBBS RD     |                                            |
| CITY-STATE-ZIP | VENICE FL 34285  |                                            |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

|                |                  |                                                                              |
|----------------|------------------|------------------------------------------------------------------------------|
| TITLE          | P                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HOLMES, JOHN C.  |                                                                              |
| STREET ADDRESS | 2940 RUSTIC ROAD |                                                                              |
| CITY-STATE-ZIP | LAUREL FL        |                                                                              |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

|                |                   |                                                                              |
|----------------|-------------------|------------------------------------------------------------------------------|
| TITLE          | ST                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MERCURIO, JOHN J. |                                                                              |
| STREET ADDRESS | 713 S ORANGE AVE  |                                                                              |
| CITY-STATE-ZIP | SARASOTA FL 34236 |                                                                              |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 duly empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #