

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 305010

1. Entity Name
H. JENNINGS ROU, INCORPORATED

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90248 016 ***150.00

Principal Place of Business
**400 S BAY ST
P.O. BOX 1130
EUSTIS FL 32727-130
US**

Mailing Address
**400 S BAY ST
P.O. BOX 1130
EUSTIS FL 32727-1130
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1142439**
Applied For
Not Applicable

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

**ROU, MICHAEL A
12951 SE SUNSET HARBOUR ROAD
WEIRSDALE FL 32195**

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

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 \$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	P	<input type="checkbox"/> Delete
NAME	ROU II, H JENNINGS	
STREET ADDRESS	2000 COUNTRY CLUB DR	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROU, ANN H	
STREET ADDRESS	2000 COUNTRY CLUB DR	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PERMENTER, JEAN H	
STREET ADDRESS	40701 CR 439	
CITY-ST-ZIP	UMATILLA FL 32784	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *[Signature]* **H. JENNINGS ROU II** 2/25/2000 (312) 357-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)