

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90116 001 ***550.00

DOCUMENT # 334184

1. Entity Name
JACK GRAHAM, INC.

Principal Place of Business

J W GRAHAM PRES
#2 MARINA PLAZA
SARASOTA FL 34236-8919

Mailing Address

J W GRAHAM PRES
#2 MARINA PLAZA
SARASOTA FL 34236-8919

976700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

#2 MARINA PLAZA

3. Mailing Address

#2 MARINA PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

4. FEI Number

59-1230153

Applied For

Not Applicable

Zip

Country

34236-8919

USA

Zip

Country

34236-8919

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, J W
#2 MARINA PLAZA
SARASOTA FL 33577

7. Name and Address of New Registered Agent

Name **ROBERT L. SORAN**

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

#2 MARINA PLAZA

City

SARASOTA, FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT L. SORAN**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	T	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, JULIA A	
STREET ADDRESS	#2 MARINA PLAZA	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SORAN, ROBERT	
STREET ADDRESS	#2 MARINA PLAZA	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STRICKLAND, JOHN	
STREET ADDRESS	46 N. WASHINGTON	
CITY-ST-ZIP	SARASOTA FL 34236	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORAN, ROBERT	
STREET ADDRESS	#2 MARINA PLAZA	
CITY-ST-ZIP	SARASOTA, FL. 34236	
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		

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/02

941-365-4232

Date

Daytime Phone #