2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 440034 May 12, 2000 8:00 am 1. Entity Name Secretary of State JACK BRENNER ENTERPRISES, INC. 05-12-2000 90060 034 ***150.00 Principal Place of Business Mailing Address 802 N ORCHARD LANE 5808 N ORANGE BLOSSOM TRL ORLANDO FL 32810 BEAVERCREEK OH 45434-7217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1502717 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, JOHN W. 1701 HERMISISM ROAD PLYMOUTH FL 32786 ne purpose of changing its registered office or registered agent, or both, in the State of Florida submits this statement or ; 8. The above named ent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition TITI F TITLE BRENNER, JR. J NAME NAME STREET ADDRESS STREET ADDRESS 2170 INDIAN RIPPLE ROAD CITY-ST-ZIP CITY-ST-ZIP XENIA OH ☐ Addition ☐ Delete TITLE ☐ Change TITLE BRENNER, MARJORIE NAME NAME STREET ADDRESS 2170 INDIAN RIPPLE ROAD STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP XENIA OH TITLE VPD ☐ Delete TITLE ☐ Change ☐ Addition BRENNER, RICHARD D. NAME NAME STREET ADDRESS STREET ADDRESS 3418 ARLINGTON PLACE CITY-ST-ZIP CITY-ST-ZIP BEAVERCREEK OH ☐ Delete TITLE ☐ Change Addition NAME BRENNER, III J NAME 3136 INDIAN RIPPLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTON OH ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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.