2000 UNIFORM BUSINESS REPORT (UBR)

Aug 25, 2000 8:00 am Secretary of State **DOCUMENT # 442401** 1. Entity Name JERRY'S OF OKALOOSA COUNTY, INC. 08-25-2000 90006 019 ***550.00 Principal Place of Business Mailing Address 1500 N. FLORIDA MANGO RD., #19 1500 N. FLORIDA MANGO RD., #19 P.O. BOX 24618 P.O. BOX 24618 WEST PALM BEACH FL 33416-1618 WEST PALM BEACH FL 33416-1618 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 59-1580155 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD 1600 MIAMI CTR **MIAMI FL 33131** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITLE TITLE PENDERGAST, GERARD, JR. NAME STREET ADDRESS 1500 FLORIDA MANGO ROAD STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE PENDERGAST, LAURA NAME NAME 1500 FLORIDA MANGO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL CITY-ST-ZIP Addition ☐ Delete TITLE TITLE RHODES, KAREN P. NAME NAME 1500 FLORIDA MANGO ROAD STREET ADDRESS STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE PENDERGAST, PAULA NAME NAME 1500 FLORIDA MANGO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH, FL. ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute the corporation.

ccurate a

changed, or on an attachment with an address, with all

FILED