

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90063 025 ***150.00

DOCUMENT # 594901

1. Entity Name

1770 LAS OLAS CORPORATION

Principal Place of Business

Mailing Address

5161 BCH BLVD
 STE 7 REAR
 JACKSONVILLE FL 32207
 US

5161 BCH. BLVD.
 STE 7 REAR
 JACKSONVILLE FL 32207-5050
 US

00016876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1926777**

Applied F
 Not Applicable

Zip

Country

Zip

Country

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

HARRIS, J. R
~~6781 VERONICA CT.~~ **1365-R, 5 R 206 E**
ST. AUGUSTINE FL 32086

Name

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

1365-R, 5 R 206 E

City

ST. AUGUSTINE

FL

Zip Code

32086

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

J.R. Harris

1/24/00

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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRIS, JAY R	
STREET ADDRESS	6781 VERONICA CT.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HARRIS, CAROL B.	
STREET ADDRESS	6781 VERONICA CT.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRIS, ROGER J NOT ROBERT	
STREET ADDRESS	6781 VERONICA CT.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	JAY R. HARRIS	
STREET ADDRESS	Suite 7 Rear 5161 Beach Blvd. Jacksonville FL 32207-5021	
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	CAROL B. HARRIS	
STREET ADDRESS	Suite 7 Rear 5161 Beach Blvd. Jacksonville FL 32207-5021	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	ROGER HARRIS	
STREET ADDRESS	Suite 7 Rear 5161 Beach Blvd. Jacksonville FL 32207-5021	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT HARRIS

1/24/00 904 794 6