

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52649

Entity Name  
JOHN G'S, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90044 037 \*\*\*150.00

Principal Place of Business

C/O JOHN G. GIRAGOS  
10 SOUTH OCEAN BLVD.  
LAKE WORTH FL 33460

Mailing Address

C/O JOHN G. GIRAGOS  
10 SOUTH OCEAN BLVD.  
LAKE WORTH FL 33460-3939

00004404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2140700**

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

GIRAGOS, JOHN G.  
10 SOUTH OCEAN BLVD.  
LAKE WORTH FL 33460

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/99)

☐ Delete  
D  
GIRAGOS, THERESE H  
7784 OAKMONT DRIVE  
LAKE WORTH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete  
D  
GIRAGOS, JOHN G  
7784 OAKMONT DRIVE  
LAKE WORTH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete  
DR  
YARBROUGH, WENDY THERESE  
3080 HOYLAKES RD.  
LAKE WORTH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

☐ Delete  
DR  
GIRAGOS, JOHN GEORGE, JR  
5160 WOODSTONE CIRCLE E.  
LAKE WORTH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

☐ Delete  
DS  
GIRAGOS, KEITH EDWARD  
32 WEST PALM AVE.  
LAKE WORTH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete  
D  
CLANCEY, WILLIAM G  
10 SOUTH OCEAN BLVD.  
LAKE WORTH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00 561-3859860