

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52649

1. Entity Name

JOHN G'S, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90373 014 \*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2140700

Applied For

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

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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GIRAGOS, THERESE H	
STREET ADDRESS	7784 OAKMONT DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIRAGOS, JOHN G	
STREET ADDRESS	7784 OAKMONT DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YARBROUGH, WENDY THERESE	
STREET ADDRESS	3080 HOYLAKES RD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GIRAGOS, JOHN GEORGE, JR	
STREET ADDRESS	5160 WOODSTONE CIRCLE E	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GIRAGOS, KEITH EDWARD	
STREET ADDRESS	32 WEST PALM AVE.	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLANCEY, WILLIAM G	
STREET ADDRESS	10 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	LAKE WORTH FL	

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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1302 CAPE MAY LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
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		

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 #

CR2E034 (10/00)