

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000846

1. Entity Name

JARDINE GROUP SERVICES CORPORATION

FILED

00 JAN 25 PM 4: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13 CORNELL RD  
LATHAM NY 12110  
US

13 CORNELL RD  
LATHAM NY 12110-1402  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1686650

Applied

Not Appl

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 Fee  
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE ☐ Delete

NAME PD  
STREET ADDRESS CARROLL, W. MICHAEL  
CITY-ST-ZIP 48 CORNELL ROAD  
LATHAM NY

TITLE ☐ Delete

NAME VP  
STREET ADDRESS HICKEY, GARY P  
CITY-ST-ZIP 48 CORNELL ROAD  
LATHAM NY

TITLE ☐ Delete

NAME S  
STREET ADDRESS JONES, CAROL L.  
CITY-ST-ZIP 48 CORNELL ROAD  
LATHAM NY

TITLE ☐ Delete

NAME TD  
STREET ADDRESS HANSEN, E. PAUL  
CITY-ST-ZIP 48 CORNELL ROAD  
LATHAM NY

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐

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 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

W. Michael Carroll

1/18/00

Date

518 782 3000

Daytime Phone \*

SP