

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006568

1. Entity Name

JANI-KING OF ORLANDO, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90091 001 \*\*\*900.00

Principal Place of Business

Mailing Address

16885 DALLAS PARKWAY  
ADDISON TX 75001  
US

16885 DALLAS PARKWAY  
ADDISON TX 75001-5215  
US

2. Principal Place of Business

3. Mailing Address

16885 Dallas Parkway

16885 Dallas Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Addison, Texas

City & State  
Addison, Texas

4. FEI Number 75-2570158

Applied For  
Not Applicable

Zip  
75001

Country  
U.S.

Zip  
75001

Country  
U.S.

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, JERRY 16885 DALLAS PARKWAY ADDISON TX 75001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD CAVANAUGH, JIM 16885 DALLAS PARKWAY ADDISON TX 75001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, JAMES SR 16885 DALLAS PARKWAY ADDISON TX 75001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VICARI, DENISE 16885 DALLAS PARKWAY ADDISON TX 75001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, GARRY 16885 DALLAS PARKWAY ADDISON TX 75001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

03-21-00

972-991-0900

Date

Daytime Phone #

CR2E034 (9/99)