

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000005168**

1. Entity Name

**JILLIAN'S OF SUNRISE, FL, INC.****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90457 005 \*\*\*150.00

Principal Place of Business

Mailing Address

2604 SAWGRASS MILLS CIR  
SPACE 1129  
SUNRISE FL 33323  
US1387 SOUTH FOURTH STREET  
LOUISVILLE KY 40208-2349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

462 S. 4th Avenue  
Suite, Apt. #, etc.  
Suite 2200

City &amp; State

City &amp; State

Louisville, Kentucky

4. FEI Number

65-0860780

Applied For

Not Applicable

Zip

Country

Zip

Country

40202

USA

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	PVST	<input type="checkbox"/> Delete
NAME	SMITH, DANIEL M	
STREET ADDRESS	1387 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40208	
TITLE	CVCD	<input type="checkbox"/> Delete
NAME	SMITH, DANIEL M	
STREET ADDRESS	1387 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40208	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Stevens	
STREET ADDRESS	1387 S. 4th Street	
CITY-ST-ZIP	Louisville, KY 40208	
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 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

DANIEL M. SMITH

4/26/2000

Date

(502) 638-9008

Daytime Phone #

CR2E034 (9/99)