

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89630

1. Entity Name

THE JOYNER COMPANY

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90110 050 ***150.00

Principal Place of Business

220 W GARDEN ST. STE 900
PENSACOLA FL 32501-8792

Mailing Address

PO BOX 12784
PENSACOLA FL 32575-2784
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

59-2422211

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

WESTMORELAND, J. LOFTON
220 WEST GARDEN STREET
SUITE #900
PENSACOLA FL 32501

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	<input type="checkbox"/> Delete
	DP			
	WESTMORELAND, J. LOFTON	220 WEST GARDEN STREET	PENSACOLA FL	
	DST			
	YOUNGBLOOD, SARA J.	P O BOX 123	JAY FL	
	DVP			
	WESTMORELAND, EVELYN J.	P O BOX 123	JAY FL	
	DVP			
	SHEFFIELD, EULENE J.	123 SHEFFIELD DRIVE	MILTON FL	

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Lofton Westmoreland 1-12-00 850 434-3541

CR2E034 (9/99)