

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90494 049 \*\*\*150.00

**DOCUMENT # H36861**

1. Entity Name  
**JVF HOLDING CO.**

Principal Place of Business  
**3186 W. BIRD'S NEST DRIVE,  
 BEVERLY HILLS FL 34465-3482**

Mailing Address  
**3186 W. BIRD'S NEST DRIVE  
 BEVERLY HILLS FL 34465-3482**

033222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1565948</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FOUKE, HARRY HAYDON, JR.  
 3186 W. BIRD'S NEST DRIVE  
 BEVERLY HILLS FL 34465-3482**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	<b>DPF</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOUKE, HARRY HAYDON, JR.</b>	NAME	
STREET ADDRESS	<b>3186 W. BIRD'S NEST DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	CITY-ST-ZIP	
TITLE	<b>DVS</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOUKE, DELETA F.</b>	NAME	
STREET ADDRESS	<b>3186 W. BIRD'S NEST DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** H. Haydon Fouke Jr **H. HAYDON FOUKE, JR** 3/13/01 352-527-7166  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)