

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J33833

1. Entity Name

JAAKE TRAVEL CONSULTANTS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90061 009 ***150.00

Principal Place of Business

Mailing Address

888 BLANDING BLVD
ORANGE PARK FL 32065

868-119 BLANDING BLVD
ORANGE PARK FL 32065-8918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2723988

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HART, JOHN P. III
868-119 BLANDING BLVD
ORANGE PARK FL 32065

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	PST	<input type="checkbox"/> Delete
NAME	HART, JOHN PATRICK III	
STREET ADDRESS	3745 CATHEDRAL COVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, JOHN PATRICK III	
STREET ADDRESS	3745 CATHEDRAL COVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LAYE, L B J	
STREET ADDRESS	547 GEORE TAYLOR ST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAYE, L B J	
STREET ADDRESS	547 GEORGE TAYLOR ST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
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"/> 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 line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)