

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90154 005 ***150.00

DOCUMENT # J44088

Entity Name
J. RUBINTON PROPERTIES, INC.

Principal Place of Business	Mailing Address
BRICK LANE SPRINGS FL 34134	26445 BRICK LANE BONITA SPRINGS FL 34134-5627 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	4. FEI Number	59-2740649	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARLICK, THOMAS B ESQ. ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN 8889 PELICAN BAY BLVD., STE 300 NAPLES FL 34108	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	PD RUBINTON, JON 26445 BRICK LANE BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/24/00 941-947-7888 Daytime Phone #

CR2E034 (9/99)