

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58200

1. Entity Name

JACKSONVILLE EMPLOYEE ENTERPRISES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90119 024 ***150.00

Principal Place of Business

Mailing Address

% ROBERT R. HUNT
1651 SOUTH RIO GRANDE AVE.
ORLANDO FL 32805

1907 EAST ILLINOIS STREET
ORLANDO FL 32803-4239
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2781706

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

HUNT, ROBERT R.
3170 OCEAN SHORE BLVD
304
ORMOND BEACH FL 32176

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 PD ☐ Delete
NAME HUNT, ROBERT R.
STREET ADDRESS 3170 OCEAN SHORE BLVD, # 304
CITY-ST-ZIP ORMOND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Ormond Beach, FL 32176

TITLE STD ☐ Delete
NAME McDONALD, WANDA
STREET ADDRESS 1907 E. ILLINOIS ST.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BOONE, ROBERT F
STREET ADDRESS 1015 NEWPORT AVE
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

Wanda McDonald Wanda McDonald

Date

2-29-00

Daytime Phone #

407-894-4899

CR2E034 (9/99)