

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90034 002 \*\*\*150.00

**DOCUMENT # K41429**

1. Entity Name

**JACK CANNON & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**JACK CANNON**  
**SOUTHWEST THIRD ST.**  
**HAVEN FL 33880**

**C/O JACK CANNON**  
**243 SOUTHWEST THIRD ST.**  
**WINTER HAVEN FL 33880-3213**

010070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>245 Southwest Third St.</i>		3. Mailing Address <i>c/o Jack Cannon</i>	
Suite, Apt. #, etc. <i>Winter 245 SW 3rd St</i>		Suite, Apt. #, etc. <i>245 SW 3rd Street</i>	
City & State <i>Winter Haven, FL</i>		City & State <i>Winter Haven, FL</i>	
Zip <i>33880-3213</i>	Country <i>POLK</i>	Zip <i>33880-3213</i>	Country <i>POLK</i>

4. FEI Number <b>59-2921406</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANNON, JACK**  
**243 SOUTHWEST THIRD ST**  
**WINTER HAVEN FL 33880**

Name <i>N/A</i>
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 *Jack Cannon* (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	<b>SD</b> <b>CANNON, JACK</b> <b>243 S.W. THIRD ST</b> <b>WINTER HAVEN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>245 SW 3rd Street (only)</i> <i>Winter Haven, FL 33880</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHOLTEN, KAREN CANNON</b> <b>1580 FOX RIDGE RUN</b> <b>WINTER HAVEN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>112 OAKRIDGE LANE SE (only)</i> <i>Winter Haven, FL 33884</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNON, POLLYANNA</b> <b>243 S.W. THIRD ST</b> <b>WINTER HAVEN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>245 SW 3rd Street (only)</i> <i>Winter Haven, FL 33880</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BRICKNER, JAMES H.</b> <b>6727 JENNY DRIVE</b> <b>LAKE WALES FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jack Cannon* **JACK CANNON** 2/28/2000 (863) 293-8582

CR2E034 (9/99)