

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K52511

1. Entity Name

J.L. COOPER, INC.

*Amended*

Principal Place of Business

4002 BULA LN.  
NORTH PORT FL 34287

Mailing Address

P.O. BOX 7712  
NORTH PORT FL 34287-0712

FILED

00 FEB 28 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0197379

Applied For

Not Applicable

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

COOPER, VINCENT J  
10401 ST. PAUL DR.  
PT. CHARLOTTE FL 33981

Name  
DONALD W. HAMSHER, JR.

Street Address (P.O. Box Number is Not Acceptable)

84 Pinehurst Court

City  
Rotonda West

FL

Zip Code  
33947

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

*Donald W. Hamsher, Jr.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	COOPER, VINCENT J	
STREET ADDRESS	10401 ST. PAUL DR.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33981	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BENCH, DONALD D	
STREET ADDRESS	15635 RUSTON CIRCLE	
CITY-ST-ZIP	PT. CHARLOTTE FL 33981	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	COOPER, LINDA K	
STREET ADDRESS	10401 ST. PAUL DR.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33981	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald W. Hamsher, Jr.	
STREET ADDRESS	84 Pinehurst Court	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark E. Hamsher	
STREET ADDRESS	2004 Redbridge Drive	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa J. Hamsher	
STREET ADDRESS	84 Pinehurst Court	
CITY-ST-ZIP	Rotonda West, FL 33947	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

DATE

941-426-0671

DAYTIME PHONE