

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82947

1. Entity Name

U CAN II, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91060 001 *1,650.00

Principal Place of Business

Mailing Address

10575 OLD DIXIE HWY.
 ST AUGUSTINE FL 32095
 US

% JOHN BRIGHAM HART
 10575 OLD DIXIE HIGHWAY
 ST AUGUSTINE FL 32095-8854
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
500 S. Florida Avenue, Suite 240
Lakeland, FL 33801

Suite, Apt. #, etc.
500 S. Florida Avenue, Suite 240
Lakeland, FL 33801

4. FEI Number **59-2949550**

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 BRIGHAM
 0575 OLD DIXIE HWY.
 ST AUGUSTINE FL 32095

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 **DP** ☐ Delete
 NAME **HART, JOHN BRIGHAM**
 STREET ADDRESS **19 S. ROSCOE BLVD.**
 CITY-ST-ZIP **PONTE VEDRA FL**

TITLE ☒ Change ☐ Addition
 NAME **500 S. Florida Avenue, Suite 240**
 STREET ADDRESS **Lakeland, FL 33801**
 CITY-ST-ZIP

TITLE **DST** ☐ Delete
 NAME **HART, LITA**
 STREET ADDRESS **19 S. ROSCOE BLVD.**
 CITY-ST-ZIP **PONTE VEDRA FL**

TITLE ☒ Change ☐ Addition
 NAME **500 S. Florida Avenue, Suite 240**
 STREET ADDRESS **Lakeland, FL 33801**
 CITY-ST-ZIP

TITLE **EVP** ☐ Delete
 NAME **WELLS, MARK A**
 STREET ADDRESS **10575 OLD DIXIE RD**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☒ Change ☐ Addition
 NAME **500 S. Florida Avenue, Suite 240**
 STREET ADDRESS **Lakeland, FL 33801**
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **FITTERMAN, BARRY M**
 STREET ADDRESS **10575 OLD DIXIE RD**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☒ Change ☐ Addition
 NAME **500 S. Florida Avenue, Suite 240**
 STREET ADDRESS **Lakeland, FL 33801**
 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)(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 #

CR2E034 (9/99)