

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90094 003 ***150.00

0060441

DOCUMENT # L15165

1. Entity Name

JUNGLE JIM'S OF CHURCH STREET, INC.

Principal Place of Business

Mailing Address

55 W. CHURCH ST. #220
 ORLANDO FL 32801

55 W. CHURCH ST. #220
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

3206 S HOPKINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
228

City & State

City & State
TITUSVILLE FL

Zip

Country

Zip

Country

32780

FLORIDA

4. FEI Number

59-2973905

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

HADLEY, SHARON
100 S BUMBLY AVENUE
32803DO FL 32952

Name

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

City

ORLANDO

FL

Zip Code

32803

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

Sharon S. Hadley

Signature typed or printed name of registered agent and title (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, 2001 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	ST	<input type="checkbox"/> Delete
NAME	HADLEY, SHARON S.	
STREET ADDRESS	100 S BUBLY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COPPAGE, JAMES	
STREET ADDRESS	246 CASCADE RD	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PAGE, LYNN	
STREET ADDRESS	670 BARSCHALL DR	
CITY-ST-ZIP	COLUMBUS GA	
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	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Sharon S. Hadley

4/27/01

Date

407 893 6310

Daytime Phone

CR2E034 (10/00)