

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33990

1. Entity Name

JAMISON COMPANY, INC.-KENDALL MALL

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90042 050 \*\*\*150.00

947200



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
10530 SW 88 ST  
MIAMI FL 33186  
US

Mailing Address  
% STRATTON M. JAMISON  
13980 SW 139 CT.  
MIAMI FL 33186-5513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0171534  
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

JAMISON, STRATTON M  
13980 SW 139TH CT  
MIAMI FL 33186

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	P	<input type="checkbox"/> Delete
NAME	JAMISON, STRATTON M.	
STREET ADDRESS	14321 SW 97TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAMISON, SUSAN	
STREET ADDRESS	14321 SW 97TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Susan Jamison 4400 305-378-6506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)