

# 2000 UNIFORM BUSINESS REPORT (UBR)

0011886 AF

DOCUMENT # L98000000895

1. Entity Name  
JERUE KIRCHEN CAMPANO, L.C.

FILED

00 MAR 27 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

1000 WESTWIND WAY  
BARTOW FL 33830

Mailing Address

1000 WESTWIND WAY  
BARTOW FL 33830-8725



2. Principal Place of Business

125 N. Wilson Ave.  
Suite, Apt. #, etc.  
Bartow, Florida 33830  
City & State

3. Mailing Address

P.O. Box 9007  
Suite, Apt. #, etc.  
Bartow, Florida  
City & State

DO NOT WRITE IN THIS SPACE

59-3567408

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33830

Country

FL/K

Zip

33831

Country

FL/K

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANN, JOHN L  
105 SOUTH FLORIDA AVENUE  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JERUE, JOHN J 1000 WESTWIND WAY BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRCHEN, RICHARD F 500 NORTH WESTSHORE BLVD. TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPANO, LUIS E 1000 WESTWIND WAY BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003205100--5 -04/12/00--01011--013 *****50-00 *****50-00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-6-00 (863) 537-1234  
Ext. 208

Date

Daytime Phone #

CR2E083 (9/99)