

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90132 044 \*\*\*150.00

**DOCUMENT # L99628**

1. Entity Name  
**JANWOOD MANAGEMENT, INC.**

Principal Place of Business <b>4060 TOWN CENTER BLVD          ORLANDO FL 32837          US</b>	Mailing Address <b>4060 TOWN CENTER BLVD          ORLANDO FL 32837-6187          US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number **59-3026558**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NATIONAL CORPORATE RESEARCH LTD  
 1406 HAYS ST  
 SUITE 2  
 TALLAHASSE FL 32301**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JANSSEN, RONALD A.</b>
STREET ADDRESS	<b>8254 GRANADA BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WOODRING, PATRICK J.</b>
STREET ADDRESS	<b>2925 DEAN PARKWAY</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55416</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JANSSEN, SUE H</b>
STREET ADDRESS	<b>8254 GRANADA BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input 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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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:** **RONALD A. JANSSEN** **2/8/00** **407-855-1170**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)