

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90242 025 ***150.00

0432437

DOCUMENT # M26700

1. Entity Name

FIRST JEFFERSON, CORP.

Principal Place of Business

2791 POINCIANA BLVD
 KISSIMMEE FL 34746
 US

Mailing Address

2791 POINCIANA BLVD
 KISSIMMEE FL 34746
 US

2. Principal Place of Business

2800 N. POINCIANA BLVD

3. Mailing Address

2800 N. POINCIANA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-2648769

Applied For

Not Applicable

Zip

34746

Country

US

Zip

34746

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYERS, JARED
 2794 N POINCIANA BLVD
 KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name **ROBERT KAPLUS**
 Street Ad **2800 N. POINCIANA BLVD**
 City **KISSIMMEE FL** **34746**

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]
 Signature, typed or printed name of registered agent and title if applicable.

[Signature] **Robert A. Kaplus**

4-20-01

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

TITLE **S** ☐ Delete
 NAME **KAPLUS, ROBERT**
 STREET ADDRESS **3235 TOMAHAWK DR**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **CS** ☒ Delete
 NAME **MEYERS, NEIL**
 STREET ADDRESS **2791 N. POINCIANA BLVD**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **VP** ☒ Delete
 NAME **MEYERS, JARED**
 STREET ADDRESS **2794 N POINCIANA BLVD**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VP** ☒ Delete
 NAME **INFANTE, RODNEY**
 STREET ADDRESS **2794 N POINCIANA BLVD**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P D T** ☒ Change ☐ Addition
 NAME **KAPLUS, ROBERT A.**
 STREET ADDRESS **8842 ELLIOT'S CT**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SD CB**
 STREET ADDRESS **MEYERS, HILLEL**
 CITY-ST-ZIP **4875 PINETREE DR MIAMI BEACH FL 33140**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. KAPLUS

Date

4/10/01

Daytime Phone #

407-997-5192

CR2E034 (10/00)