

2000 UNIFORM BUSINESS REPORT (UBR)-

DOCUMENT # N95000005399

1. Entity Name

ST. JEROMES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90024 039 ****61.25

Principal Place of Business

P.O. BOX 4346
BOCA RATON FL 33429

Mailing Address

P.O. BOX 4346
BOCA RATON FL 33429

2. Principal Place of Business

3. Mailing Address

3801 N. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMERANO BCH, FL

4. FEI Number

65-0629993

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

U.S.

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

Name

BOB MAHONEY, SBA

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

3801 N. FEDERAL HWY

City

POMERANO BCH

FL

Zip Code

33064

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 \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME MAHONEY, ROBERT F.
STREET ADDRESS 767 NW 41 TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ Delete

TITLE D
NAME BOB MAHONEY
STREET ADDRESS 3801 N. FEDERAL HWY
CITY-ST-ZIP POMERANO BCH, FL 33064 ☐ Change ☒ Addition

TITLE VD
NAME D'ANDREA, DANIEL
STREET ADDRESS 5489 N.W. 45TH CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

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

TITLE STD
NAME COWAN, SALLY
STREET ADDRESS 1209 S.E. 8TH STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SALLY COWAN

Date

Daytime Phone #

954-420-0501

CR2 EX 17 (15/00)