

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005027

1. Entity Name

JUST ENTERTAINMENT INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90140 001 ****61.25

Principal Place of Business

3620 NE 8TH PLACE
7 & 8
OCALA FL 34470

Mailing Address

3620 NE 8TH PLACE
7 & 8
OCALA FL 34470-2047

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3469641

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

ALICEA, AMY
1222 W.E. 9TH AVE
OCALA FL 34470

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 \$61.25

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 ☐ Delete
NAME D
STREET ADDRESS ALICEA, AMY
CITY-ST-ZIP 1222 NE 9TH AVE
OCALA FL 34470

TITLE ☐ Change ☐ Addition
NAME MD
STREET ADDRESS Alicea, Amy
CITY-ST-ZIP 3210 S.E. 22 Ave
Ocala, FL 34471

TITLE ☒ Delete
NAME TP
STREET ADDRESS NOBLE, ANGELA
CITY-ST-ZIP 2860 SE 36TH ST.
OCALA FL 34471

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

TITLE ☒ Delete
NAME TT
STREET ADDRESS RIVERA, JOE
CITY-ST-ZIP 3031 SW 98TH ST.
OCALA FL 34476

TITLE ☒ Change ☐ Addition
NAME Secretary, D
STREET ADDRESS Shannon Lannen
CITY-ST-ZIP 13701 S.E. 119th Ave Road
Ocklawaha, FL 32179

TITLE ☐ Delete
NAME ADT
STREET ADDRESS WARNER, DENISE
CITY-ST-ZIP 749 S.E. 30TH AVE
OCALA FL 34471

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-00 (352)694-0601

CR2E037 (9/99)