

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006764

1. Entity Name

JAZZ ON THE GREEN, INC.

(R)

FILED

Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90012 018 ****61.25

Principal Place of Business

7370 COLLEGE PARKWAY
SUITE 300
FORT MYERS FL 33907

Mailing Address

P.O. BOX 6567
FORT MYERS FL 33911-6567

TATE
LY
5



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13141 Mc GREGOR BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #9

City & State
FORT MYERS, FL

City & State

4. FEI Number

65-0847850

Applied For

Not Applicable

Zip
33919

Country
USA

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

SCHUMANN, RAYMOND L
7370 COLLEGE PARKWAY
SUITE 300
FORT MYERS FL 33907

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 DP ☒ Delete
NAME REDMAN, MARTISE
STREET ADDRESS 508 EDINBURGH DR
CITY-ST-ZIP FORT MYERS FL 33919

TITLE DP ☒ Change ☐ Addition
NAME TRENT HOWE
STREET ADDRESS 4010 DELEON ST #C2
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE DVP ☒ Delete
NAME ALGAIER, KIM
STREET ADDRESS 1745 RED CEDAR DR, APT 12
CITY-ST-ZIP FORT MYERS FL 33907

TITLE DVP ☐ Change ☒ Addition
NAME DARIUS JOSEPH
STREET ADDRESS 2409 E. MALL DRIVE
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE DT ☐ Delete
NAME HOWE, TRENT
STREET ADDRESS 4010 DELEON ST #C2
CITY-ST-ZIP FORT MYERS FL 33901

TITLE DT ☐ Change ☒ Addition
NAME GARY STEINBERG
STREET ADDRESS 13060 TALL PINE CR
CITY-ST-ZIP FORT MYERS, FL 33907

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

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

6/13/00

Date

941-939-4500

Daytime Phone #

CR2E037 (9/99)