

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N97000006764**

1. Entity Name

JAZZ ON THE GREEN, INC.**FILED**
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90009 019 ****61.25

0013259

Principal Place of Business

**13141 MCGREGOR BLVD.
SUITE 9
FORT MYERS FL 33919**

Mailing Address

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

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0847850**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHUMANN, RAYMOND L
7970 COLLEGE PARKWAY
SUITE 300
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

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
After September 12, 2001, 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

TITLE **DP** ☒ Delete
NAME **HOWE, TRENT**
STREET ADDRESS **4010 DELEON STREET #C-2**
CITY-ST-ZIP **FORT MYERS FL 33901**TITLE **DVP** ☐ Delete
NAME **JOSEPH, DARIUS**
STREET ADDRESS **2409 EAST MALL DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33901**TITLE **DT** ☒ Delete
NAME **HOWE, TRENT**
STREET ADDRESS **4010 DELEON ST #C2**
CITY-ST-ZIP **FORT MYERS FL 33901**TITLE **DT** ☒ Delete
NAME **STEINBERG, GARY**
STREET ADDRESS **13080 TALL PINE CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33907**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **William TAYLOR**
STREET ADDRESS **15321 RIVER BY ROAD**
CITY-ST-ZIP **Ft. MYERS, FL 33908**TITLE **Treasurer** ☐ Change ☒ Addition
NAME **JAMES A. CHOUINARD**
STREET ADDRESS **4717 S.W. 13th AVE. R-208**
CITY-ST-ZIP **CAPE CORAL, FL 33914**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

JAMES A. CHOUINARD
Treasurer **7/16/01** **(941) 565-5192**

CR2E037 (5/01)