

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90119 040 \*\*\*\*61.25

**DOCUMENT # N97000006764**

1. Entity Name

**JAZZ ON THE GREEN, INC.**



Principal Place of Business

13141 MCGREGOR BLVD.  
SUITE 9  
FORT MYERS FL 33919

Mailing Address

P.O. BOX 6567  
FORT MYERS FL 33911

**55050962**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0847850**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☐ Delete  
NAME **TAYLOR, WILLIAM**  
STREET ADDRESS **15321 RIVER BY ROAD**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **DVP** ☒ Delete  
NAME **JOSEPH, DARIUS**  
STREET ADDRESS **2409 EAST MALL DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **TD** ☐ Delete  
NAME **CHOUINARD, JAMES A**  
STREET ADDRESS **4717 SW 13TH AVE., STE 208**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice-President** ☐ Change ☒ Addition  
NAME **TARA HOWE**  
STREET ADDRESS **4010 DELEON STREET #C2**  
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **Director** ☐ Change ☒ Addition  
NAME **SHAWN WILLIAMS**  
STREET ADDRESS **5628 SHADELEK LANE**  
CITY-ST-ZIP **Fort Myers, FL 33901**

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  
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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/4/03**

Date

**235-275-9957**

Daytime Phone #

CP2E037 (10/02)