

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000435

1. Entity Name

JUST THE FACTS, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90033 045 \*\*\*\*61.25

Principal Place of Business

150 SOUTH MONROE STREET  
SUITE 306  
TALLAHASSEE FL 32301

Mailing Address

150 SOUTH MONROE STREET  
SUITE 306  
TALLAHASSEE FL 32301-1561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

118 North Monroe St  
Suite, Apt. #, etc.  
Ste 301

3. Mailing Address

118 North Monroe St  
Suite, Apt. #, etc.  
Ste 301

City & State

Tallahassee Fla

City & State

Tallahassee Fla

Zip

32301

Country

USA

Zip

32301

Country

USA

4. FEI Number

59-3501515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SACHS, RON  
150 SOUTH MONROE STREET  
SUITE 306  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

118 North Monroe Street

Suite 301

City

Tallahassee

FL

Zip Code

32301

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

4-28-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CALABRO, DOMINIC	
STREET ADDRESS	106 NORTH BRONOUGH ST	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRISHNAIYER, LATHA	
STREET ADDRESS	10405 NW 6TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOOD, BETTY A	
STREET ADDRESS	9300 SOUTH DADELAND BLVD.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, MARK	
STREET ADDRESS	P.O. BOX 100244	
CITY-ST-ZIP	GAINESVILLE FL 32610	
TITLE	P	<input type="checkbox"/> Delete
NAME	SESSIONS, DOUG	
STREET ADDRESS	111 N. GADSDEN #200	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAIGLE, JOHN	
STREET ADDRESS	1030 E. LAFAYETTE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

222-1996

Daytime Phone #

FD-900 (10/00)