

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005334

1. Entity Name

JUBILEE HARVEST CENTER, INC.

Principal Place of Business

24845 NE HWY 314
SALT SPRINGS FL 32134

Mailing Address

24845 NE HWY 314
FT. MCCOY FL 32134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3531025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONET, THOMAS R REV.
24845 NE HWY 314
FT. MCCOY FL 32134

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

Thomas R. Gonet

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/01

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 D
NAME GONET, THOMAS R
STREET ADDRESS 21280 NE 146TH PL
CITY-ST-ZIP FT. MCCOY FL 32134 ☐ Delete

TITLE D
NAME GONET, ELMIRA M
STREET ADDRESS 21280 NE 146TH PL
CITY-ST-ZIP FT. MCCOY FL 32134 ☐ Delete

TITLE D
NAME TOLLESON, RODNEY
STREET ADDRESS 724 S SEGRAVE ST.
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE JONES CLARK
NAME
STREET ADDRESS 27 West Hollandale Beach Blvd
CITY-ST-ZIP Hollandale Beach Fla, 33009-5437 ☐ Change ☒ Addition

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

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

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

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

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

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:

Thomas R. Gonet

7/9/01

352-665-9121

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90121 031 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)