

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083729

1. Entity Name

JO MAR SAVES, INC.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90065 040 \*\*\*150.00

Principal Place of Business

216 PALERMO PL.  
LADY LAKE FL 32159

Mailing Address

216 PALERMO PL.  
LADY LAKE FL 32159

00011261



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

239 JUNIPER WAY

3. Mailing Address

239 JUNIPER WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL.

City & State

TAVARES, FL.

Zip

32778

Country

LAKE

Zip

32778

Country

LAKE

4. FEI Number

59-3676055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUSKO, MARGERY A  
216 PALERMO PL.  
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

Name

BRUSKO, MARGERY A.

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

239 JUNIPER WAY

City

TAVARES

FL

Zip Code

32778

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

*Margery A. Brusko*

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

(NOTE: Registered Agent signature required when reinstating)

1/24/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRUSKO, MARGERY A	
STREET ADDRESS	216 PALERMO PL.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	SFERRINO, JOSEPH	
STREET ADDRESS	216 PALERMO PL.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSKO, MARGERY A.	
STREET ADDRESS	239 JUNIPER WAY	
CITY-ST-ZIP	TAVARES, FL. 32778	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SFERRINO, JOSEPH	
STREET ADDRESS	239 JUNIPER WAY	
CITY-ST-ZIP	TAVARES, FL. 32778	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Margery A. Brusko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

Date

Daytime Phone #

CR2E034 (10/00)