

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012723

1. Entity Name

JAMBAR, INC.

Principal Place of Business

1927 S 14TH ST  
AMELIA ISLAND FL 32034  
US

Mailing Address

1927 SO 14TH ST  
AMELIA ISLAND FL 32034  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GRAHAM, JAMES E  
1927 SO 14TH ST  
AMELIA ISLAND FL 32034

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

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  
NAME GRAHAM, BARBARA D  
STREET ADDRESS 1927 S 14TH ST  
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D  
NAME GRAHAM, JAMES E  
STREET ADDRESS 1927 SO 14TH ST  
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D  
NAME BLACK, BARBARA L  
STREET ADDRESS 1927 SO 14TH ST  
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D  
NAME BLACK, WILLIAM B  
STREET ADDRESS 563 JUAN ANASCO  
CITY-ST-ZIP LONG BOAT KEY FL 34228

TITLE D  
NAME GRAHAM, EMILY A  
STREET ADDRESS 1927 SO 14TH ST  
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. GRAHAM

Date

Daytime Phone #

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90044 003 \*\*\*150.00

955648



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3183219

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)

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