

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088755

1. Entity Name

JEFFKO CORP.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90053 045 ***150.00

Principal Place of Business

Mailing Address

315 E. ROBINSON ST
SUITE 600
ORLANDO FL 32801
US

P.O. BOX 3000
ORLANDO FL 32802-3000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3218030

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HATCHER, STEPHEN B
315 E. ROBINSON ST.
SUITE 600
ORLANDO FL 32801

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, type or print 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
KOLVSKY, JEFFREY N
5757 AV DECELLER, SUITE 33
MONTREAL QU H3S2C ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KOLOVSKY, JEFFREY N.
5757 AV DECELLES, SUITE 33
MONTREAL QUEBEC H3S 2C3 ☒ Change ☐ Addition
Correction
Please.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY N. KOLOVSKY

3/10/00

(514) 738-3338

Date

Daytime Phone #