

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011757

1. Entity Name

JO-LAR, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90143 024 ***150.00

Principal Place of Business

Mailing Address

4808 S. TAMiami TRAIL
SARASOTA FL 34231
US

4808 S. TAMiami TRAIL
SARASOTA FL 34231-4352
US

2. Principal Place of Business

3. Mailing Address

5050 Timber Chase Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, Fl.

4. FEI Number 65-0470704

Applied For

Not Applicable

Zip

Country

Zip

Country

34238

Sarasota

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

MYERS, TROY H JR.
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237

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, 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 P
NAME FAETH, V. LAWRENCE J
STREET ADDRESS 5050 TIMBER CHASE WAY
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

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

TITLE VPST
NAME FAETH, JOYCE A.
STREET ADDRESS 5050 TIMBER CHASE WAY
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

Joyce A. Faeth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYCE A. FAETH

Date

4/24/00

941-981-2589

Daytime Phone #

CR2E034 (9/99)