

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008981

1. Entity Name

JEANIE AUSTIN & ASSOCIATES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90009 025 ***150.00

Principal Place of Business

4444 N ORANGE BLOSSOM TRL
ORLANDO FL 32804

Mailing Address

4444 N ORANGE BLOSSOM TRL
ORLANDO FL 32804-1903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3297971

Applied For

Not Applicable

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

GRIFFIN, H T

~~XX 255 S ORANGE AVE, 1550X~~
ORLANDO FL 32801

Name

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

28 East Washington Street

City

Orlando

FL

Zip Code
32801

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 ☐ Delete
NAME D
STREET ADDRESS GRIFFIN, H T
CITY-ST-ZIP ~~255 S ORANGE AVE, 1550~~
ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Griffin, H.T.
CITY-ST-ZIP 28 East Washington Street
Orlando, FL 32801

TITLE ☐ Delete
NAME D
STREET ADDRESS AUSTIN, JEANIE R
CITY-ST-ZIP 1338 BUCKWOOD DR
ORLANDO FL 32804

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: JEANIE R. AUSTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

407-292-5400

Daytime Phone #

JEANIE R. AUSTIN, President

CR2E034 (9/99)