

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015867

1. Entity Name

JEFCO, INC. OF TALLAHASSEE

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

09-21-2000 90001 021 ***550.00

Principal Place of Business

2516 WEST TENNESSEE STREET
TALLAHASSEE FL 32304

Mailing Address

2516 WEST TENNESSEE STREET
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

8130 Blue Quill Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Zip

Country

Zip

32312

Country

Leov

4. FEI Number

58-2164003

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

FRIEDMAN, MARTIN S
% ROSE SUNDSTROM & BENTLEY
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME OATES, THOMAS J
STREET ADDRESS 8130 BLUE QUILL TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Delete

TITLE P
NAME OATES THOMAS J.
STREET ADDRESS 8130 Blue Quill Trail
CITY-ST-ZIP TALLAHASSEE FL 32312

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE S
NAME TAMARA A. OATES
STREET ADDRESS 8130 Blue Quill Trail
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Change

☒ Addition

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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

850-574-0014

Daytime Phone #

CR2E034 (5/00)