

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021411

1. Entity Name

JEN BERN, INC.

Principal Place of Business

5462 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32821

Mailing Address

5462 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32821-8774

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3304816

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

Name

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

City

FL

Zip Code

RICHARD W. NORRIS, P.A.  
7651-A ASHLEY PARK COURT  
SUITE 401  
ORLANDO FL 32835

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          | D                         | <input type="checkbox"/> Delete |
| NAME           | MARITATO, PAT             |                                 |
| STREET ADDRESS | 5462 CENTRAL FLORIDA PKWY |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32821          |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |      |  |
|----------------|------|--|
| TITLE          | D, P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |      |  |
| STREET ADDRESS |      |  |
| CITY-ST-ZIP    |      |  |
| TITLE          |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |      |  |
| STREET ADDRESS |      |  |
| CITY-ST-ZIP    |      |  |
| TITLE          |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |      |  |
| STREET ADDRESS |      |  |
| CITY-ST-ZIP    |      |  |
| TITLE          |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |      |  |
| STREET ADDRESS |      |  |
| CITY-ST-ZIP    |      |  |
| TITLE          |      | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Patrick J. Maritato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. MARITATO

4/26/00  
Date

(407) 239-1700  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)