

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am  
Secretary of State

06-05-2000 90025 030 \*\*\*150.00

DOCUMENT # P95000048919

1. Entity Name

JACK HEUSER ENTERPRISES, INC.

Principal Place of Business

~~44 LANDING LN~~  
DEFUNIAK SPRINGS FL 32433

Mailing Address

44 LANDING LN  
DEFUNIAK SPRINGS FL 34609-8557

2. Principal Place of Business

15275 Highfield Rd  
Suite, Apt. #, etc.  
Brooksville FL

3. Mailing Address

15275 Highfield Rd  
Suite, Apt. #, etc.

City & State

Brooksville FL

4. FEI Number

59-3322158

Applied For

Not Applicable

Zip  
34609

Country  
USA

Zip  
34609

Country  
USA

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

HEUSER, JACK

~~44 LANDING LANE~~

~~DEFUNIAK SPRINGS FL 32433~~

15275 Highfield Rd  
Brooksville FL  
34609

Name

Heuser, Jacob

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

15275 Highfield Rd  
City  
Brooksville FL Zip Code  
34609

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

Jacob Heuser Jacob Heuser Pres.

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 HEUSER, JACK  
STREET ADDRESS 44 LANDING LANE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE S/T  
NAME HEUSER, JAMES  
STREET ADDRESS 44 LANDING LANE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE P  
NAME Heuser, Jack  
STREET ADDRESS 15275 Highfield Rd  
CITY-ST-ZIP Brooksville FL 34609 ☒ Change ☐ Addition

TITLE S/T  
NAME Heuser James  
STREET ADDRESS 15275 Highfield Rd  
CITY-ST-ZIP Brooksville FL 34609 ☒ Change ☐ Addition

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

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

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

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:

Jacob Heuser Pres. Jacob Heuser 05/24/00 797 6135 (352)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5-99)