

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073073

1. Entity Name

TJMF, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90016 026 ***150.00

Principal Place of Business

1785 SEMORAN BOULEVARD
WINTER PARK FL 32792

Mailing Address

1785 SEMORAN BOULEVARD
WINTER PARK FL 32792-2248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3337445

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD
NAME TRZCINSKI, RONALD E.
STREET ADDRESS 12769 PATRICIA DRIVE
CITY-ST-ZIP NORTH ROYALTON OH ☐ Delete

TITLE VPD
NAME CARLSON, LAWRENCE
STREET ADDRESS 5210 PARK DRIVE
CITY-ST-ZIP MEDINA OH ☐ Delete

TITLE VPD
NAME TINCHER, PAUL
STREET ADDRESS 1127 POINTE NEWPORT TERRACE #101
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE VPD
NAME JONES, GORDON
STREET ADDRESS 7109 WOODED VILLAGE TERR #101
CITY-ST-ZIP CASSELBERRY FL 32835 ☐ Delete

TITLE VPD
NAME STROUP, DOUGLAS
STREET ADDRESS 7634 WOODSPRING LANE
CITY-ST-ZIP HUDSON OH ☐ Delete

TITLE STD
NAME DOERMANN, PERRY
STREET ADDRESS 3646 COOK ROAD
CITY-ST-ZIP MEDINA OH ☐ Delete

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7632 VINE MONT COURT
CITY-ST-ZIP HUDSON, OHIO

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:

Perry E. Doermann Perry E. Doermann, Secretary

3-10-00

216-661-8388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #