

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090651

1. Entity Name
J. BAINES, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90055 048 ***150.00

Principal Place of Business

Mailing Address

PALM BREEZE APARTMENTS
#APT 18 OFFICE #23
SARASOTA FL 34231
US

1631 STICKNEY POINT ROAD
APT #18 OFFICE #23
SARASOTA FL 34231-8768
US

CHANGED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1631- Stickney PT RD
Suite, Apt #, etc.
#23 (Office)

2014 - 4th STREET
Suite, Apt. #, etc.

City & State
SARASOTA

City & State
SARASOTA

4. FEI Number 65-0631483

Applied For
Not Applicable

Zip 34231

Country FL

Zip 34237

Country FL

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

BARBER, JOAN MARGARET
1631 STICKNEY POINT RD
SARASOTA FL 34231

Name MRS. DOROTHY HAYES.

Street Address (P.O. Box Number is Not Acceptable)
2014 - 4th STREET

City SARASOTA FL Zip Code 34237

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 J. H. Barber - President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-07-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBER, JOAN MARGARET	
STREET ADDRESS	1631 STICKNEY POINT ROAD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GROVES, ALAN	
STREET ADDRESS	1631 STICKNEY POINT ROAD	
CITY-ST-ZIP	SARASOTA FL 34231	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-07-2000

941-922-8544

CR2E034 (9/99)