

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040305

1. Entity Name

JOANNE MARINE, INC.

Principal Place of Business

5341 ISLEWORTH COUNTRY CLUB DRIVE  
WINDEMERE FL 34786

Mailing Address

JOANNE MARINE INC  
5738 NW 2ND AVENUE  
DES MOINES IO 50013  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 7029

Suite, Apt. #, etc.

City & State

City & State  
DES MOINES, IA

Zip

Country

Zip

Country

50309

POLK

4. FEI Number

65-0666111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMANDUS, ELDON  
5341 ISLEWORTH COUNTRY CLUB DRIVE  
WINDEMERE FL 34786

7. Name and Address of New Registered Agent

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

*Eldon A. Amundus*

PRES.

9-4-00

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 \$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.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME AMANDUS, ELDON  
STREET ADDRESS 5341 ISLEWORTH COUNTRY CLUB DRIVE  
CITY-ST-ZIP WINDEMERE FL 34786 ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED

*Eldon A. Amundus*

Date

Daytime Phone #

10/6/00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 10 AM 10:12

20004



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)