

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005840

1. Entity Name

PARADISE PRODUCTIONS OF SARASOTA, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90291 011 \*\*\*158.75

Principal Place of Business

Mailing Address

DBA JAMMS MUSIC  
 1936 S TAMIAHI TR  
 VENICE FL 34293  
 US

1936 S TAMIAHI TR  
 VENICE FL 34293-5001  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0728814

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

~~MORAN, JOHN A ESQ  
 1819 MAIN STREET  
 SUITE 700  
 SARASOTA FL 34236~~

Name **Steven W MacCris PA**

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

**609 Tamiami Tr S.**

City

**Venice**

FL

Zip Code

**34285**

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

**4-27-2000**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT** ☒ Delete  
 NAME **MELONI, VALERIE**  
 STREET ADDRESS **111 WHISPERING OAKS COURT**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **DP** ☐ Delete  
 NAME **JOHNSON, JASON**  
 STREET ADDRESS **1121 FALCON RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **DS** ☐ Delete  
 NAME **JOHNSON, DARLENE**  
 STREET ADDRESS **1121 FALCON RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **DV** ☒ Delete  
 NAME **MELONI, JULIAN**  
 STREET ADDRESS **140 ABALONE RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **DV** ☐ Delete  
 NAME **GRAHAM, DAVE**  
 STREET ADDRESS **5880 TYLER RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **Vice Pres** ☒ Change ☐ Addition  
 NAME **JASON Johnson**  
 STREET ADDRESS **5811 Lincoln Rd**  
 CITY-ST-ZIP **Venice, FL 34293**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Darlene Johnson**  
 STREET ADDRESS **5811 Lincoln Rd.**  
 CITY-ST-ZIP **Venice, FL 34293**

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

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

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Ladonna Graham**  
 STREET ADDRESS **5880 Tyler Rd.**  
 CITY-ST-ZIP **Venice, FL 34293**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-2000**

Date

**941-497-2633**

Daytime Phone #

CR2E034 (9/99)