

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039844

1. Entity Name

THE JONATHAN FRAN CORPORATION

Principal Place of Business

6995 VENTURE CIR
ORLANDO FL 32807

Mailing Address

6995 VENTURE CIR
ORLANDO FL 32807

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

59-3454835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, RANDELL M
315 S. HYDE PARK AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

JOHN F. GLANCY

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

6995 VENTURE CIR.

City

ORLANDO

FL

Zip Code

32807

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, 2001 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 D-P
NAME FRAN, JONATHAN
STREET ADDRESS 300 WHISPER LAKE LN 6995 VENTURE CIR.
CITY-ST-ZIP WINTERPARK FL 32782 ORLANDO, FL 32807

☐ Delete

TITLE D-P
NAME JOHN F. GLANCY
STREET ADDRESS 6995 VENTURE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32807

☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

407-657-3880

Daytime Phone #

237

CR2E034 (10/00)

5/11

FILED

Jun 20, 2001 8:00 am

Secretary of State

05-18-2001 91721 001 ***600.00



DO NOT WRITE IN THIS SPACE