

5250

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90146 002 ***150.00

DOCUMENT # P97000046486

1. Entity Name
JLR HOLDING COMPANY



Principal Place of Business
291 SOUTHHALL LANE
MAITLAND FL 32751

Mailing Address
291 SOUTHHALL LANE
MAITLAND FL 32751

2. Principal Place of Business
291 SOUTHHALL LANE
Suite, Apt. #, etc.

3. Mailing Address
291 SOUTHHALL LANE
Suite, Apt. #, etc.

City & State
MAITLAND, FL

City & State
MAITLAND, FL

4. FEI Number **59-3448929**

Applied For
Not Applicable

Zip **32751** **Country** **UNITED STATES**

Zip **32751** **Country** **UNITED STATES**

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

ROBINSON, RICHARD M
201 E. PINE ST., STE. 1200
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **ARCARIO, THOMAS J MD**
STREET ADDRESS **291 SOUTHHALL LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **DV** ☐ **Delete**
NAME **KUNICHIKA, ERIC MD**
STREET ADDRESS **291 SOUTHHALL LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **DT** ☐ **Delete**
NAME **TAO, DAVID MD**
STREET ADDRESS **291 SOUTHHALL LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **D** ☒ **Delete**
NAME **HOUSE, JEFFREY T MD**
STREET ADDRESS **291 SOUTHHALL LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DS** ☐ **Change** ☒ **Addition**
NAME **JAGER, D. BRIAN MD**
STREET ADDRESS **291 SOUTHHALL LANE**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☒ **Delete**
NAME **GALLO, JOSEPH A JR MD**
STREET ADDRESS **291 SOUTHHALL LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ **Change** ☒ **Addition**
NAME **D**
STREET ADDRESS **GALLO, E. BRUNO MD**
CITY-ST-ZIP **291 SOUTHHALL LANE**
MAITLAND, FL 32751

TITLE **D** ☒ **Delete**
NAME **WILSON, G EDWIN MD**
STREET ADDRESS **291 SOUTHHALL LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ **Change** ☒ **Addition**
NAME **D**
STREET ADDRESS **DAVIS, STEPHEN B.**
CITY-ST-ZIP **291 SOUTHHALL LANE**
MAITLAND, FL 32751

12. 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 10 or Block 11 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

THOMAS J. ARCARIO, MD

1/24/03 407-667-0505

Date Daytime Phone #

CR2E034 (10/02)