

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058827

1. Entity Name
JAY BEES OF CENTRAL FLORIDA, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90108 037 ***150.00

Principal Place of Business

15835 HWY 50
CLERMONT FL 34711
US

Mailing Address

P.O. BOX 418
KILLARNEY FL 34740-0418
US

2. Principal Place of Business

4332 Hammock Trl.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 418
Suite, Apt. #, etc.

City & State

Clermont, FL
Zip 34711 Country U.S.A.

City & State

Killarney, FL
Zip 34740 Country U.S.A.

4. FEI Number 59-3467318

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, S.G.
1608 MORNINGSIDE DRIVE
ORLANDO FL 32806

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

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, 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	D	<input type="checkbox"/> Delete
NAME	GREEN, S.G.	
STREET ADDRESS	1608 MORNINGSIDE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARRISON, BEN	
STREET ADDRESS	P.O. BOX 418 N/A	
CITY-ST-ZIP	KILLARNEY FL 34740	
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		

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

Date

Daytime Phone #

3-1-2000 (352)
243-4376

CR2E034 (9/99)