

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90019 012 ***550.00

DOCUMENT # P97000061364

1. Entity Name
JACK RABBIT MOON, INC.

Principal Place of Business

**98 SE 6TH AVE
 #1
 DELRAY BEACH FL 33483
 US**

Mailing Address

**98 SE 6TH AVE
 #1
 DELRAY BEACH FL 33483
 US**

2. Principal Place of Business

2929 University Drive #204

3. Mailing Address

← Same

Suite, Apt. #, etc.

Coral Springs, FL

City & State

Zip
33065

Country
USA

Zip

Country

4. FEI Number **65-0770851**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCINTYRE, LINDA
 98 S.E. 6TH AVE
 #1
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2929 University Drive #204
Coral Springs,
 City **FL** Zip Code **33065**

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 **Linda McIntyre**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/2/00

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 **P** ☐ Delete
 NAME **MCINTYRE, AMANDA**
 STREET ADDRESS **98 S.E. 6TH AVE, #1**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VP** ☐ Delete
 NAME **MCINTYRE, MARGARET**
 STREET ADDRESS **98 S.E. 6TH AVE., #1**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **ST** ☐ Delete
 NAME **MCINTYRE, LINDA**
 STREET ADDRESS **98 S.E. 6TH AVE, #**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

8/2/00

Date

Use word mark

CR2E034 (5/00)