

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000063109**

1. Entity Name

JAS HOLDINGS CORPORATION

Principal Place of Business

**19 NW 4TH ST., STE. 330
EVANSVILLE IN 47708**

Mailing Address

**19 NW 4TH ST., STE. 330
EVANSVILLE IN 47708-1795**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**BURKE, WILLIAM M
1167 3RD ST., S., STE. 107
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name
William L. Owens c/o Bond Schoeneck & King, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North, Suite 404
City
Naples **FL** Zip Code
34103

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.

William L. Owens

SIGNATURE

Registered Agent**1/21/00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPT
DAVIDSON, WAYNE A
19 NW 4TH ST., STE. 410
EVANSVILLE IN 47708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
DAVIDSON, D SCOTT
919 FOUR OAKS
FENTON MO 63026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
DAVIDSON, JILL
919 FOUR OAKS
FENTON MO 63026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

19 NW 4th St., Ste. 330 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

Wayne A. Davidson**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, President**1/21/00**

Date

(812) 464-7937

Daytime Phone #

**FILED
Jan 28, 2000 8:00 am
Secretary of State**

01-28-2000 90086 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2330924**

Applied For

Not Applicable

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

CR2F034 (9/99)