

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073508

1. Entity Name

JR FUTURE, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90005 029 ***150.00

Principal Place of Business

2300 S Federal Hwy
Stuart, FL 34997

Mailing Address

2. Principal Place of Business

1859 US Highway One

3. Mailing Address

1859 US Highway One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL 32960

City & State

Vero Beach, FL 32960

4. FEI Number

65-0776802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Santagata, John
2300 S Federal Hwy.
Stuart, FL 34997

Name

Same

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

5705 SW Woodham Street

Palm City, FL 34990

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME Santagata, John
STREET ADDRESS 2300 S Federal Hwy
CITY-ST-ZIP Stuart, FL 34997

TITLE PDT ☒ Change ☐ Addition
NAME
STREET ADDRESS 5705 SW Woodham Street
CITY-ST-ZIP Palm City, FL 34990

TITLE DVS ☐ Delete
NAME Santagata, Gail
STREET ADDRESS 2300 S Federal Hwy
CITY-ST-ZIP Stuart, FL 34997

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5705 SW Woodham Street
CITY-ST-ZIP Palm City, FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

Daytime Phone #

CR2E034 (9/99)