

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086823

1. Entity Name

STERN ENTERPRISES, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90201 024 \*\*\*150.00

Principal Place of Business

Mailing Address

3803 SOUTHSIDE BLVD  
JACKSONVILLE FL 32216

3803 SOUTHSIDE BLVD  
JACKSONVILLE FL 32216-4639

2. Principal Place of Business

OLD  
11250 - 15 ST AUGUSTINE RD

3. Mailing Address

OLD  
11250 - 15 ST AUGUSTINE RD

Suite, Apt. #, etc.

255

Suite, Apt. #, etc.

255

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3470868

Applied For

Not Applicable

Zip

Country

32257

USA

Zip

Country

32257

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

HUTCHENS, JAMES G CPA  
106 CANAL BLVD.  
PONTE VEDRA BEACH FL 32082

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STERN, CHRISTOPHER W	
STREET ADDRESS	3803 SOUTHSIDE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STERN, CHRISTOPHER W	
STREET ADDRESS	11250 - 15 OLD ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, CHRISTOPHER W	
STREET ADDRESS	11250 - 15 OLD ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE 32257	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)