

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104175

1. Entity Name

J.R.'S ADVENTURES AT WILLA SPRINGS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90087 013 \*\*\*150.00

Principal Place of Business

Mailing Address

576 NEAPOLITAN LANE  
 NAPLES FL 34103

576 NEAPOLITAN LANE  
 NAPLES FL 34103-8533

*5681 Red Bug Lake Rd.*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Winter Springs, FL.*

City & State

4. FEI Number

59-3481987

Applied For

Not Applicable

Zip *32708*

Country *Seminole*

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

JOCHEN, GAIL  
 2120 TAMiami TR N  
 SUITE 300  
 NAPLES FL 34102

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 **P**  Delete  
 NAME JOCHEN, GAIL  
 STREET ADDRESS 576 NEAPOLITAN LN  
 CITY-ST-ZIP NAPLES FL 34103

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME RUPRECHT, E J  
 STREET ADDRESS 576 NEAPOLITAN LN  
 CITY-ST-ZIP NAPLES FL 34103

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME *Jochen, David D.*  
 STREET ADDRESS *8126 Calabria Ct.*  
 CITY-ST-ZIP *Orlando, FL 32836*

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:

*Gail Jochen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*941-261-2225*

CR2E034 (9/99)