

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90767 030 \*\*\*150.00

**DOCUMENT # P98000046054**

1. Entity Name

**JTB GROUP OF PUNTA GORDA, INC.**

Principal Place of Business

**3151 COOPER ST #3  
 PUNTA GORDA FL 33950**

Mailing Address

**PO BOX 511255 <sup>365</sup>  
 PUNTA GORDA FL 33951-2555  
 ESTERO, FL 33928**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0843484**

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

**MALONEY, TERENCE P  
 3151 COOPER ST #3  
 PUNTA GORDA FL 33950**

Name **JOHN PERRONI**  
 Street Address (P.O. Box Number is Not Acceptable) **1765 C.C. Pkwy #207**  
 City **CAPE CORAL** FL Zip Code **33904**

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 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MALONEY, TERENCE P</b> <b>31151 COOPER STREET #3</b> <b>PUNTA GORDA FL 33950</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOHN PERRONI</b> <b>Box 365</b> <b>ESTERO, FL 33928</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SUTTON, WELLINGTON J</b> <b>PO BOX 511255</b> <b>PUNTA GORDA FL 33951</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MALONEY, TERENCE P</b> <b>3151 COOPER ST #3</b> <b>PUNTA GORDA FL 33950</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRAUSE, ROBERT J</b> <b>3951 N OSPREY AVE</b> <b>SARASOTA FL 34234</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: **JOHN PERRONI** Date **2-4-01** Daytime Phone # **941 281 5856**

CR2E034 (10/00)