

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076203

1. Entity Name  
JERARD'S INTERNATIONAL, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90005 015 \*\*\*150.00

Principal Place of Business  
3046 MICHIGAN AVENUE  
KISSIMMEE FL 34744  
US

Mailing Address  
3046 MICHIGAN AVENUE  
KISSIMMEE FL 34744  
US

756412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
671 FRONT ST.  
Suite, Apt. #, etc.  
SUITE 120  
City & State  
CELEBRATION FL  
Zip  
34747  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 59-3532789  
Applied For  
Not Applicable

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

CAMPBELL, TIMOTHY F  
4740 CLEVELAND HEIGHTS BOULEVARD  
LAKELAND FL 33813

Name DR. GERARD H. HUBBELL

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

1600 S. LAKE MIRROR DR. N.W.

City WINTER HAVEN

FL

Zip Code 33881

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 Dr. Gerard H. Hubbell (Dr. Gerard H. Hubbell) 4-25-2001  
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, 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       | Delete                              |
|-------|---------------------|--------------------------|-------------------|-------------------------------------|
|       | D HUBBELL, GERARD H | 924 SOUTH FLORIDA AVENUE | LAKELAND FL 33803 | <input checked="" type="checkbox"/> |
|       |                     |                          |                   | <input type="checkbox"/>            |
|       |                     |                          |                   | <input type="checkbox"/>            |
|       |                     |                          |                   | <input type="checkbox"/>            |
|       |                     |                          |                   | <input type="checkbox"/>            |
|       |                     |                          |                   | <input type="checkbox"/>            |
|       |                     |                          |                   | <input type="checkbox"/>            |

| TITLE | NAME             | STREET ADDRESS           | CITY-ST-ZIP           | Change                   | Addition                            |
|-------|------------------|--------------------------|-----------------------|--------------------------|-------------------------------------|
| BUYER | MARGARET HUBBELL | 671 FRONT ST., SUITE 120 | CELEBRATION, FL 34747 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|       |                  |                          |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                          |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                          |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                          |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                          |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                          |                       | <input type="checkbox"/> | <input type="checkbox"/>            |

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

4-25-2001 931-4300

Date Daytime Phone #

CR2E034 (10/00)