

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P98000081920

1. Entity Name

THE PLAZA AT EL JOBEAN, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90233 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1000 LEE ST  
ENGLEWOOD FL 34224

1000 LEE ST  
ENGLEWOOD FL 34224-5048

2. Principal Place of Business

3900 EL JOBEAN RD.

Suite, Apt. #, etc.

3. Mailing Address

3900 EL JOBEAN RD.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL.

City & State

PORT CHARLOTTE, FL.

Zip

33953

Country

CHARLOTTE

Zip

33953

Country

CHARLOTTE

6. Name and Address of Current Registered Agent

BAUCK, HERB L  
1000 LEE ST  
ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0866894

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

TITLE PVST ☐ Delete  
NAME BAUCK, HERB L  
STREET ADDRESS 1000 LEE ST  
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D ☐ Delete  
NAME BAUCK, HERB L  
STREET ADDRESS 1000 LEE ST  
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Herb L. Bauck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-255-0211

Daytime Phone #

CR2ED34 (9/99)