

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**  
 02-01-2000 90017 026 \*\*\*150.00

**DOCUMENT # P99000006644**

1. Entity Name

**JR STUART LAND CORP.**

Principal Place of Business

Mailing Address

5651 N.W. 29TH STREET  
 MARGATE FL 33063

5651 N.W. 29TH STREET  
 MARGATE FL 33063-1531

**B0008125**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6300 NE 1ST AVENUE

3. Mailing Address

6300 NE 1ST AVENUE

Suite, Apt. #, etc.

3RD FLOOR

Suite, Apt. #, etc.

3RD FLOOR

City & State

FT. LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

4. FEI Number

65-0900615

Applied For  
 Not Applicable

Zip

33334

Country

U.S.A.

Zip

33334

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ANGELO, THOMAS P  
 600 N.E. THIRD AVENUE  
 FORT LAUDERDALE FL 33304

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 ☐ Delete  
 NAME D  
 STREET ADDRESS ROSCHMAN, ROBERT J  
 CITY-ST-ZIP 5651 N.W. 29TH STREET  
 MARGATE FL 33063

TITLE ☐ Delete  
 NAME D ROSCHMAN, JEFFREY S  
 STREET ADDRESS ROSCHMAN, JEFFREY S  
 CITY-ST-ZIP 5651 N.W. 29TH STREET  
 MARGATE FL 33063

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 1759 SE 10TH STREET  
 CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33316

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 2511 SEA LAGO DRIVE  
 CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33316

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:

*Verly P. Veeh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERLY P. VEEH PRESIDENT

Date

2/20/2000

Daytime Phone #

954-776-7900