

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008470

1. Entity Name

JML GARDENS, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90028 049 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2100 MAIN STREET~~  
SARASOTA FL 34237

~~2100 MAIN STREET~~  
SARASOTA FL 34237-6024

2. Principal Place of Business

3. Mailing Address

2125 Goldenrod St  
Suite, Apt. #, etc.

P.O. Box 25021  
Suite, Apt. #, etc.

City & State

City & State

SARASOTA Florida  
Zip 34239 Country USA

SARASOTA Florida  
Zip 34239 Country USA

4. FEI Number

65-0892169

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

JAENSCH, P. CHRISTOPHER  
~~2100 MAIN STREET~~  
SARASOTA FL 34237

Name LESLIE CARMACK

Street Address (P.O. Box Number is Not Acceptable)  
2125 Goldenrod St.

City SARASOTA FL Zip Code 34239

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	D	<input type="checkbox"/> Delete
NAME	LEES, JANE M	
STREET ADDRESS	1742 SHORELAND	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2125 GOLDENROD ST.	
STREET ADDRESS	PRESIDENT	
CITY-ST-ZIP	JANE M. LEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	2125 GOLDENROD ST.	
NAME	SARASOTA FL 34239	
STREET ADDRESS	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	LESLIE CARMACK	
TITLE	2125 GOLDENROD	
NAME	SARASOTA FL 34239	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: LESLIE CARMACK VICE PRESIDENT 4-23-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 346-9445

CP2E034 (9/99)