

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010001

1. Entity Name

CHRISTOS JEWELERS, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90244 006 ***150.00

Principal Place of Business

329 WOOD BEACH DR.
SEAGROVE BEACH FL 32459

Mailing Address

329 WOOD BEACH DR.
SEAGROVE BEACH FL 32459-7318

2. Principal Place of Business

10859 EMERALD COAST PKWY W

3. Mailing Address

10859 EMERALD COAST PKWY W

Suite, Apt. #, etc.

STE 403

Suite, Apt. #, etc.

STE 403

City & State

DESTIN FL

City & State

DESTIN FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

59-3552820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEUZE, DAVID F
329 WOOD BEACH DR.
SEAGROVE BEACH FL 32459

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 **D** ☐ Delete
NAME **LEUZE, DAVID F**
STREET ADDRESS **329 WOOD BEACH DR.**
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **JANA MASON**
STREET ADDRESS **329 WOOD BEACH DR.**
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE **SEC** ☐ Change ☒ Addition
NAME **LEIGH LEUZE**
STREET ADDRESS **329 WOOD BEACH DR.**
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/2000

Daytime Phone #

850-650-9600

CR2E034 (9/99)