

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**  
 01-26-2000 90023 047 \*\*\*150.00

**DOCUMENT # P99000024315**

1. Entity Name

**JA. DAN CO., INC.**

Principal Place of Business

~~1500~~  
~~1000~~ 4TH STREET NORTH  
 ST. PETERSBURG FL ~~33704~~ 33703

Mailing Address

~~4500~~  
~~4000~~ 4TH STREET NORTH  
 ST. PETERSBURG FL 33703-3801

2. Principal Place of Business

**4500 4th STREET NO.**  
 Suite, Apt. #, etc.

3. Mailing Address

**4500- 4th STREET NO.**  
 Suite, Apt. #, etc.

City & State

**ST. PETERSBURG.**

City & State

**ST. PETERSBURG**

4. FEI Number

**59-3578783**

Applied For

Not Applicable

Zip

**33703**

Country

**PINELLAS**

Zip

**33703**

Country

**PINELLAS**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LANGFORD, RICHARD C**  
**160 EAST SUMMERLIN STREET**  
**SUITE 202**  
**BARTOW FL 33809**

7. Name and Address of New Registered Agent

Name

**CLARA S. GRIFFITH**

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

**13651- 101st TER. NO.**

City

**SEMINOLE**

FL

Zip Code

**33776**

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

*Clara C. Griffith*

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-10-00**

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 **PRESIDENT** ☐ Delete  
 NAME **CLARA S. GRIFFITH**  
 STREET ADDRESS **13651- 101st TER. N.**  
 CITY-ST-ZIP **SEMINOLE, FL 33776**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Sec.** ☐ Change ☐ Addition  
 NAME **JENNIFER TAVIN**  
 STREET ADDRESS **5250 82nd TER. N.**  
 CITY-ST-ZIP **PINELLAS PARK FL.**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*Clara C. Griffith* **Clara C. Griffith pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-10-00**

Daytime Phone # **(727) 522-9543**

CR2E034 (9/99)