

4/19/19

FILED
Jun 05, 2001 8:00 am
Secretary of State

04-19-2001 90317 017 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000026712**

1. Entity Name

J.A. GARFIELDS, INC.

Principal Place of Business

2412 NORTH ESSEX AVENUE
HERNANDO FL 34442

Mailing Address

P.O. BOX 667
CRYSTAL RIVER FL 34427

2. Principal Place of Business

3. Mailing Address

4728 SW 85th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville Florida

4. FEI Number

59-3565099

Applied For

Not Applicable

Zip

Country

Zip

Country

32608

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTHRA, P.A.
349 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name VONDA PETTIT

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

4728 SW 85th DR

City GAINESVILLE

FL

Zip Code 32608

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]

VONDA K. PETTIT

5-30-01

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

(NOTE: Registered Agent signature required when resigning)

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, 2001 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	CVS BROWN, BRUCE	2412 NORTH ESSEX AVENUE	HERNANDO FL 34442	☒

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	PT GIACOBBI, FRANK	2412 NORTH ESSEX AVENUE	HERNANDO FL 34442	☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
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				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☒ Addition
Secretary	Beryle M. Valerino	1156 N. Lyle Ave	Crystal River Florida 34429	☐	☒

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☒ Change	☐ Addition
PROF	Giacobbi, Frank	4728 SW 85th Drive	Gainesville, Florida 32608	☒	☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☒ Addition
Vice President	Beryle M. Valerino	1156 N. Lyle Ave	Crystal River Florida 34429	☐	☒

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

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

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

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				☐	☐

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

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

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:

Beryle M. Valerino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/01

352-746-7676

CR2004 (10/00)