

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90044 003 \*\*\*150.00

**DOCUMENT # P99000033762**

1. Entity Name

J.R.'S ADVENTURES OF SARASOTA, INC.

Principal Place of Business

Mailing Address

~~576 NEAPOLITAN LANE~~ *318 John Ringling Blvd*  
~~NAPLES FL 34103~~

576 NEAPOLITAN LANE  
 NAPLES FL 34103-8533

*Sarasota, Fl. 34236*

2. Principal Place of Business

3. Mailing Address

*318 John Ringling Blvd.*

*576 Neapolitan Ln.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Sarasota, Fl.*

City & State

*Naples, Fl.*

4. FEI Number

*65-0922998*

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

NAPLES-LAWDOCK, INC.  
 4501 TAMAMI TRAIL N., STE. 300  
 NAPLES FL 34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<i>PT Jochen, Gail C.</i>	<i>576 Neapolitan Ln.</i>	<i>Naples, Fl. 34103</i>	<input type="checkbox"/>
	<i>VP Ruprecht, E. Jane</i>	<i>576 Neapolitan Ln</i>	<i>Naples, Fl. 34103</i>	<input type="checkbox"/>
	<i>S Jochen, David D.</i>	<i>8126 Calabryna Ct.</i>	<i>Orlando, Fl. 32836</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Gail C. Jochen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: *941-261-7225*

CR2F034 (9/99)