

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036130

1. Entity Name

LIVE OAK JAM, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90066 016 ***155.00

Principal Place of Business

Mailing Address

1711 S. HASTINGS WAY
EAU CLAIRE WI 54701

1711 S. HASTINGS WAY
EAU CLAIRE WI 54701-4623

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1958720

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

VERHEY, BETTY
1118 SUNSET LN.
GULFBREEZE FL 32561

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
GERAY SANDSTROM
403 06TH AVE EAST
DUNBAR WI 54736

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
PAT. DUCHELL
5395 N. SHORE DR
EAU CLAIRE WI 54703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER
MART SWENSON
6518 N. SHORE DR
EAU CLAIRE WI 54703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
STEVEN L BRAN
5391 N. SHORE DR
EAU CLAIRE WI 54703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
JIM BISCHALL
1360 WALDHORN RD
CHIPPewa Falls WI 54729

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DON BISCHALL
VICE PRESIDENT
554 RIVER VIEW DR.
CHIPPewa Falls WI 54729

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

STEVEN L BRAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00 715-839-7500