

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90016 044 ***150.00

DOCUMENT # P99000036130

1. Entity Name

LIVE OAK JAM, INC.

Principal Place of Business

Mailing Address

1711 S. HASTINGS WAY
EAU CLAIRE WI 54701

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EAU CLAIRE WI 54701

00010407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1958720**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VERHEYN, 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, 2001 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 **P** ☐ Delete
NAME **SANDSTROM, GERRY**
STREET ADDRESS **403 6TH AVE EAST**
CITY-ST-ZIP **DURAND WI 54736**

TITLE ☐ Change ☐ Addition
NAME **Gerry Sandstrom**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DUCKELL, PAT**
STREET ADDRESS **5395 N SHENE DR**
CITY-ST-ZIP **EAU CLAIRE WI 54703**

TITLE ☐ Change ☐ Addition
NAME **PAT BISCHEL**
STREET ADDRESS **5395 N. SHORE DR.**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SWENSON, MANT**
STREET ADDRESS **6518 N S ACRE DR**
CITY-ST-ZIP **EAU CLAIRE WI 54703**

TITLE ☐ Change ☐ Addition
NAME **SWENSON MANT**
STREET ADDRESS **6518 N. SHORE DR**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BENA, STEVEN L**
STREET ADDRESS **5391 N ACRE DR**
CITY-ST-ZIP **EAU CLAIRE WI 54703**

TITLE ☐ Change ☐ Addition
NAME **BERG STEVEN**
STREET ADDRESS **5391 N. SHORE DR.**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BISCHELL, JIM**
STREET ADDRESS **1360 WALDHEIN RD**
CITY-ST-ZIP **CHIPPEWA FALLS WI 54729**

TITLE ☐ Change ☐ Addition
NAME **BISCHELL JIM**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BISCHALL, DON**
STREET ADDRESS **534 RIVER VIEW DR**
CITY-ST-ZIP **CHIPPEWA FALLS WI 54729**

TITLE ☐ Change ☐ Addition
NAME **BISCHALL DON**
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

Daytime Phone #

02-4-01 715-839-7520

CR2E034 (10/00)