

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056507

1. Entity Name

JOINT VENTURE INVESTMENTS CORPORATION

Principal Place of Business

1048 HAGEN DRIVE
NEW PORT RICHEY FL 34655

Mailing Address

~~1048 HAGEN DRIVE~~
~~NEW PORT RICHEY FL 34655~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

100 South Ashley Drive

Suite, Apt. #, etc.

Suite 1500, 410 T. Drummond

City & State

Tampa, FL

Zip

3360

Country

U.S.A.

REINSTATEMENT

4. FEI Number

59-3583329

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
1505 NORTH FLORIDA AVE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

100 South Ashley Drive

Suite 1500

City

Tampa

FL

Zip Code

33601

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

Temple H. Drummond

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

(NOTE: Registered Agent signature required when reinstating)

11/4/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete

NAME SCHLAU, ETHAN
STREET ADDRESS 1048 HAGEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 33606

TITLE ☒ Delete

NAME LEARY, LISA
STREET ADDRESS 7724 MARBELLA CREEK AVE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☒ Delete

NAME DELOSA, BARBARA
STREET ADDRESS 7724 MARBELLA CREEK AVE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☒ Delete

NAME ALVAREZ, EDWARD
STREET ADDRESS 7724 MARBELLA CREEK AVE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00

Date

(727) 798-8877

Daytime Phone #

CR2E034 (5/00)