

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058404

1. Entity Name  
JARO FOOD CORPORATION

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90056 022 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2108 MAIN STREET~~  
SARASOTA FL 34237

~~2108 MAIN STREET~~  
SARASOTA FL 34237-6024

2. Principal Place of Business

3. Mailing Address

3246 E. BAY DRIVE  
Suite, Apt. #, etc.

3246 E. BAY DRIVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
HOLMES BEACH, FL

City & State  
HOLMES BEACH, FL

4. FEI Number  
65-0958976

Applied For  
Not Applicable

Zip  
34217

Country  
USA

Zip  
34217

Country  
USA

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

JAENSCH, CHRISTOPHER  
2198 MAIN STREET  
SARASOTA FL 34237

SHIRLEY A. FINCH  
5560 BEE RIDGE RD  
SARASOTA, FL 34233

Name  
SHIRLEY A. FINCH  
Street Address (P.O. Box Number is Not Acceptable)  
5560 BEE RIDGE RD, # D-3

City SARASOTA FL Zip Code 34233

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 *Shirley A. Finch*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-11-2000

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	D JAHN, BRIGITTE GARMISCHSTR,20 A-6632 EHRWALD AUSTRIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHE, PAUL INNSBACHERSTR. 2A A-6632 EHRWALD AUSTRIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAHN, WOLFGANG GEIGERHALDE 18 87459 PFRONTEN GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 full power like empowered.

SIGNATURE: *SIGNATURE OF SIGNING OFFICER OR DIRECTOR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.11.2000 941 778 1320  
Date Daytime Phone #

CR2E034 (9/99)