

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90010 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000.102483

1. Entity Name

JOAN LERNER DESIGNS, INC.

Principal Place of Business

1230 SEA PLUME WAY
SARASOTA FL 34242

Mailing Address

1230 SEA PLUME WAY
SARASOTA FL 34242

00058725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 SOUTH ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O J. HUGH MIDDLEBROOKS

City & State

City & State

SARASOTA FL

4. FEI Number

65-0964600

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

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

MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

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 DPT
NAME LERNER, JOAN K. ☐ Delete
STREET ADDRESS 1230 SEA PLUME WAY
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LERNER, BRAD
STREET ADDRESS 1230 SEA PLUME WAY
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

JOAN K. LERNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)