## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # \$83307** Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** JESTER ASSOCIATES, INC. 03-17-2000 90031 019 \*\*\*150.00 Principal Place of Business Mailing Address 5100 SOUTH CLEVELAND AVENUE 5100 SOUTH CLEVELAND AVENUE PAGE PLAZA SHOPPING CENTER UNIT 318 PAGE PLAZA SHOPPING CENTER UNIT 318 FORT MYERS FL 33907-2189 FORT MYERS FL 33907-1326 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0289084 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERWITZ, ESTHER D. Street Address (P.O. Box Number is Not Acceptable) 5100 S CLEVELAND AVE PAGE PLAZA SHOPPING CNTE UNIT 318 FT MEYERS FL 33907 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSTD ☐ Change Addition TITLE TITLE ☐ Delete HERWITZ, ESTHER D NAME NAME 5100 S. CLEVELAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete HERWITZ, GERALD A MAME NAME 5100 S. CLEVELAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \_ FT MYERS FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 7371 F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

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