

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96300

1. Entity Name

JL CLAIRMONTE HOLDINGS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90292 003 ***150.00

Principal Place of Business

3541 N.E. OCEAN BLVD.
JENSEN BEACH FL 34958

Mailing Address

3541 N.E. OCEAN BLVD.
JENSEN BEACH FL 34958

645948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0291959

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

FRANKLIN, ELLIOT A

5315 LAKE WORTH ROAD
LAKE WORTH FL 33483

2777 S Congress Ave
Lake Worth FL 33461

Name

Franklin Elliot

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

2777 S Congress Ave

City

LAKE WORTH

FL

Zip Code

33461

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's 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
NAME CLAIRMONTE, KEITH
STREET ADDRESS 3541 N.E. OCEAN BLVD.
CITY-ST-ZIP JENSEN BEACH FL 34918 ☐ Delete

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

TITLE VP
NAME CLAIRMONTE, AVE
STREET ADDRESS 3541 N.E. OCEAN BLVD.
CITY-ST-ZIP JENSEN BEACH FL 34958 ☐ Delete

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

TITLE ST
NAME KOOPMAN, DALE
STREET ADDRESS 3594 SE OLD LUCUS BLVD
CITY-ST-ZIP STUART FL 34996 ☐ Delete

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

TITLE VP
NAME WIDDUP, JOHN D
STREET ADDRESS 958 SALT POND PLACE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE: KEITH CLAIRMONTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 225-3514

CR2E034 (10/00)