

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707799

1. Entity Name

JEFFERSON CENTER, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90050 046 ****61.25

Principal Place of Business

Mailing Address

930 NO TAMIAMI TRAIL
 SARASOTA FL 34236

930 NO TAMIAMI TRAIL
 SARASOTA FLA 34236-4063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6169729

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STULTS, MARY W.
930 N. TAMIAMI TRAIL
SARASOTA FL 34236

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

Mary W. Stults Administrator

2/16/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VTR** Delete
 NAME **MOHAMMED, SHAN A**
 STREET ADDRESS **6840 HUGHES ST**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PTR** Delete
 NAME **HART, RICHARD R.**
 STREET ADDRESS **6110 WILLSHIRE CIRCLE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TTR** Delete
 NAME **ELLIOTT, JOHN R.**
 STREET ADDRESS **6396 MIDNIGHT CVE #913**
 CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **TR** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STR** Delete
 NAME **REDFERN, HELEN**
 STREET ADDRESS **1600 1ST AVE WEST**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTR** Delete
 NAME **ST. CLAIR, DONALD R.**
 STREET ADDRESS **988 BLVD OF THE ARTS, APT. 1116**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STR** Delete
 NAME **SMITH, JACK A.**
 STREET ADDRESS **4027 COUNTRY VIEW DRIVE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **TTR** Change Addition
 NAME **Richard T. Happy**
 STREET ADDRESS **4320 Center Point Lane**
 CITY-ST-ZIP **Sarasota, FL 34233**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/15/00

941-955-9585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)