

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M82474

1. Entity Name

J & B MASON, INC.

Principal Place of Business

2100 CONSTITUTION BLVD.  
SUITE 2  
SARASOTA FL 34231  
US

Mailing Address

P. O. BOX 6184  
~~SUITE 2~~  
VENICE FL 34284-0342  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Venice, FL

Zip

Country

Zip  
34284-0342

Country U.S.

4. FEI Number

65-0058843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOONE, JEFFREY A.  
1001 AVENIDA DEL CIRCO  
VENICE FL 34285

7. Name and Address of New Registered Agent

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

*William E. Mason*

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASON, WILLIAM E.	
STREET ADDRESS	1001 AVENIDA DEL CIRCO	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASON, JEAN G.	
STREET ADDRESS	1001 AVENIDA DEL CIRCO	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAWKINS, ALAN	
STREET ADDRESS	1001 AVENIDA DEL CIRCO	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*W.E. Mason*

W.E. MASON

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)