

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90074 009 \*\*\*150.00

**DOCUMENT # P94000008423**

1. Entity Name  
**THE JEFFERSON NATIONAL MANAGEMENT COMPANY**

Principal Place of Business <b>1031 W.MORSE BLVD          SUITE 250          WINTER PARK FL 32789          US</b>	Mailing Address <b>1031 W.MORSE BLVD          SUITE 250          WINTER PARK FL 32789-3738          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1031 W. Morse Blvd.          Suite, Apt. #, etc.          Suite 160          City &amp; State          Winter Park, Florida</b>	3. Mailing Address <b>1031 W. Morse Blvd.          Suite, Apt. #, etc.          Suite 160          City &amp; State          Winter Park, Florida</b>
Zip <b>32789</b>	Country <b>USA</b>

4. FEI Number <b>59-3221147</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SWANN, HADLEY D  
 1031 W.MORSE BLVD  
 270  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent  
 Name  
**Swann & Hadley, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1031 W. Morse Blvd.  
 Suite 160**  
 City  
**Winter Park** FL Zip Code  
**32789**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MCAULIFFE, TERENCE R 7527 OLD DOMINION MCLEON VA 22102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCAULIFFE, DOROTHY S 7527 OLD DOMINION MCLEON VA 22102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANN, CHRISTIAN M. 1031 W.MORSE BLVD, SUITE 270 WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANN, RICHARD R 1031 W. MORSE BLVD. SUITE 270 WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABNER, SHARON B 1031 W. MORSE BLVD. SUITE 270 WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST BROWN, KAREN M 1031 W. MORSE BLVD. SUITE 270 WINTER PARK FL 32789 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP <b>Swann, Christian M.</b> <b>1031 W. Morse Blvd, Ste 160</b> <b>Winter Park, Florida 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Swann, Richard R.</b> <b>1031 W. Morse Blvd., Ste. 160</b> <b>Winter Park, Florida 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <b>Abner, Sharon B.</b> <b>1031 W. Morse Blvd, Ste. 160</b> <b>Winter Park, Florida 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Asst</b> <b>Brown, Karen M.</b> <b>1031 W. Morse Blvd, Ste. 160</b> <b>Winter Park, Florida 32789</b>

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President** 4-25-00 407-643-8977  
Date Daytime Phone #

CR2E034 (9/99)