

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90120 028 ***150.00

DOCUMENT # P97000064295

1. Entity Name

JMC COMMUNITIES VI, INC.

Principal Place of Business

Mailing Address

**2201 4TH STREET NORTH SUITE 200
 ST. PETERSBURG FL 33704**

**2201 4TH STREET NORTH SUITE 200
 ST. PETERSBURG FL 33704-4300**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3459890

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

**CHEEZEM, MICHAEL J
 2201-4TH STREET NORTH
 SUITE 200
 ST. PETERSBURG FL 33074**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEZEM, MICHAEL J	NAME	
STREET ADDRESS	2201 4TH STREET NORTH SUITE	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBACH, JOHN P	NAME	
STREET ADDRESS	2201 4TH STREET NORTH SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	CITY-ST-ZIP	
TITLE	VP/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ROBERT L	NAME	
STREET ADDRESS	2201 4TH STREET NORTH SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, SPRING G	NAME	
STREET ADDRESS	2201 4TH STREET NORTH SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVELL, PATTY	NAME	
STREET ADDRESS	2201 4TH STREET NORTH SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

7278230022

Daytime Phone #

CR2E034 (9/99)