

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90009 003 ***150.00

DOCUMENT # 203950

1. Entity Name

JMC RANCH, INC.

Principal Place of Business

**1053 SUNSET DRIVE
LAKE WALES FL 33853**

Mailing Address

**1053 SUNSET DRIVE
LAKE WALES FL 33853-4226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0804569

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARTER, MARTHA
1053 SUNSET DRIVE
LAKE WALES FL 33853**

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ST	Delete
NAME	YOUmans, MARY C.	
STREET ADDRESS	431 E CENTRAL AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	P	Delete
NAME	CARTER, MARTHA B.	
STREET ADDRESS	1053 SUNSET DRIVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	Delete
NAME	CARTER, CLAUDE B.	
STREET ADDRESS	8605 W KNIGHT GRIFFIN RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	Delete
NAME	CARTER, HUGO A.	
STREET ADDRESS	602 PINE TREE LANE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	Delete
NAME	ULLMAN, MARTHA J.	
STREET ADDRESS	1316 S. HIGHLAND PRK DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	Delete
NAME	CARTER, JOSEPH J, JR	
STREET ADDRESS	6524 RAMOTH DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Martha B. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA B CARTER/20/00 865-676-244

Date

Daytime Phone #