

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828225

1. Entity Name

JAMAC CORP.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90022 022 \*\*\*150.00

Principal Place of Business

2409 U.S. 41 SOUTH  
P.O. BOX 728  
VINCENNES IN 47591

Mailing Address

2409 U.S. 41 SOUTH  
P.O. BOX 728  
VINCENNES IN 47591-0728

2. Principal Place of Business

1665 South Old US 41

3. Mailing Address

1665 South Old US 41

Suite, Apt. #, etc.

PO Box 728

Suite, Apt. #, etc.

PO Box 728

City & State

Vincennes, IN

City & State

Vincennes, IN

4. FEI Number

35-1069927

Applied For

Not Applicable

Zip

47591

Country

USA

Zip

47591

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REEVES, RICHARD W  
100 E. MADISON STREET  
SUITE 204  
TAMPA FL 33601

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	MCCORMICK, C JAMES	
STREET ADDRESS	2500 GRANDVIEW DRIVE	
CITY-ST-ZIP	VINCENNES IN	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCORMICK, MICHAEL D	
STREET ADDRESS	111905 CR 500 S.	
CITY-ST-ZIP	ZIONSVILLE IN 46077	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCORMICK, CJ	
STREET ADDRESS	P O BOX 728	
CITY-ST-ZIP	VINCENNES IN	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	816 Buntin Street
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00

812/882-4360

CR2E034 (9/99)