

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000001859**1. Entity Name
JT & ASSOCIATES MANAGEMENT GROUP, INC.

Principal Place of Business

5300 W. SAHARA AVE., STE. 101

LAS VEGAS
89146

NV

Mailing Address

1025 GREENWOOD BLVD., SUITE 362

LAKE MARY
32746

FL

2. Principal Place of Business

3. Mailing Address

1025 GREENWOOD BLVD., SUITE 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE MARY

FL

Zip

Country

Zip

Country

32746

4. FEI Number

88-0451185

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

MCKNIGHT JUDITHANN C
1025 GREENWOOD BLVD., SUITE 362LAKE MARY
32746

US

FL

7. Name and Address of New Registered Agent

Name

MCKNIGHT JUDITHANN C

Street Address (P.O. Box Number is Not Acceptable)

1025 GREENWOOD BLVD., SUITE 300

City

LAKE MARY

FLZip Code
32746

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 _____ **01/15/2001**

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, 2001 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	ST	<input type="checkbox"/> Delete
NAME	MCKNIGHT CLAUDE V	
STREET ADDRESS	536 WALNUT ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROLLINS TROY D	
STREET ADDRESS	711 WILLNER CIR.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	MCKNIGHT JUDITHANN C	
STREET ADDRESS	536 WALNUT ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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: Judithann C. McKnight

PCD

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)