## **2001 UNIFORM BUSINESS REPORT (UBR)**

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 path; that I am an officer or director	DOCUMENT # F9900000577  1. Entity Name  JAMIE MANAGEMENT COMPANY					Secretary of State 07-25-2001 90012 026 ***550.00			
4 AASSETT CREEK TRAIL NORTH HOBE SOUND R. 3945S  2. Principal Place of Businese  Suite. Aprl. #, etc.  City & State  City & Stat	Principal Plac	e of Business	Mailing Address						
2. Principal Place of Business  Suite, Apt. 4, alia.  Suite, Apt. 5, occ.  City & State  A. FELFaumber 13-3447603  Applied For Selection Country  Zip Country  Select Address of New Registered Agent  Name  Copproporation Service Company  1201 HAYS STREET  TALLAHASSEE FL 32201-2525  City FL Zip Code  Select Address (P.O. Bon Number is Not Acceptable)  Select Address (P.O. Bon Number is Not Acceptable)  Signal April 2 (April 2 (Ap	•		<b>G</b>		/				
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Zip Country Zip Country S. Conflictato of Status Desired Section of Section of Status Desired Section of	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Accoptable)  Street Address (P.O. Box Number is Not Accoptable)  Tall HAYS STREET  TALLAHASSEE FL 32301-2525  Toty  The above named entity automits its statement for the purpose of changing its registered office or registered agent, or both, in the State of Foricia  Signature Upper or prime name of entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foricia  Signature Upper or prime name of entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foricia  Signature Upper or prime name of entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foricia  Signature Upper or prime name of entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foricia  Signature Upper or prime name of entity automits this state of Foricia agent, or both, in the State of Foricia  Signature Upper or prime name of entity automits this state of Foricia agent of the State of Foricia agent or prime name of entity automatics of the State of Foricia agent or prime name of entity automatics of the State of Foricia agent or prime name of entity automatics of the State of Foricia agent or prime name of entity automatics of the State of Foricia agent or prime name of the State of Foricia agent or prime name of the State of Foricia agent or prime name of the State of Foricia agent or prime name of the State of Foricia agent or prime name of the State of Foricia agent or prime name of the State of Foricia agent or prime name of the State of Foricia agent or prime name of the State of Foricia agen	City & State		City & State		4.	FEI Number 13-3447603		<del> </del>	
Street Address of New Registered Agent  CORPORATION SERVICE COMPANY 1201 HAY'S STREET  TALLAHASSEE FL 32301-2525  City FL Zip Code  City F	Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Add	litional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  6. 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  Specials, basets primed nerve of registered agent and their systems power when required a period primed nerve of registered agent, or both, in the State of Florida.  SIGNATURE  Specials, basets primed nerve of registered agent and their systems power when required a period primed nerve of registered agent, or both, in the State of Florida.  SIGNATURE  Specials, basets primed nerve of registered agent and their systems power when required when required a period primed nerve of registered agent, or both, in the State of Florida.  SIGNATURE  Specials, basets primed nerve of registered agent and their systems power when required when required and primed primed nerve of registered agent, or both, in the State of Florida.  SIGNATURE  Specials, basets primed nerve of registered agent, or both, in the State of Florida.  ATE  SIGNATURE  Specials, basets primed nerve of registered agent, or both, in the State of Florida.  ATE  SIGNATURE  Specials, basets primed nerve of registered agent, or both, in the State of Florida.  ATE  SIGNATURE  Specials, basets primed nerve of registered agent, or both, in the State of Florida.  The State Address of Provide Primed		6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Reg			
1201 HAYS STREET TALLAHASSEE FI. 32301-2525  City FL Zip Code  City FL Zip Code  City FL Zip Code  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 Forida.  SIGNATURE  Signature, food or stricts review of registered agent, or both, in the State of Forida.  9. This corporation is aligible to satisfy its Intengible Task filting requirement and elects to do so.  After September 12, 2001 Fee will be \$750.00  After									
SIGNATURE Signature, board or protect name of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida  SIGNATURE Signature, board or protect name of registered agent ag					Street Address (P.O. Box Number is Not Acceptable)				
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  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See orderia on back)  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See orderia on back)  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See orderia on back)  9. The properties of the properties of the state of Florida.  After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE MAME STREET ADDRESS  11. CHANAN, GEORGE H  4 BASSETT CREEK TRAIL NORTH  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE MAME SASSETT CREEK TRAIL NORTH  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE MAME SASSETT CREEK TRAIL NORTH  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. THE MAME STREET ADDRESS  13. THE TAX ADDRESS OUT -51-2P  14. Delete TILE MAME STREET ADDRESS  15. OFFICERS AND DIRECTORS IN 11  16. Election Campaign Financing Trust Fund Contribution Trust									
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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.	indicated of the cor	on this report or supplemental report is t poration or the receiver or trustee empov	rue and accurate and that my rered to execute this report as	r signature shall ha	ve the same	legal effect as if made under oath	n: that I am an officer i	or director (	

SIGNATURE: 3