

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004844

1. Entity Name

J.C. CARTER COMPANY, INC.

Principal Place of Business

671 WEST 17TH STREET
COSTA MESA CA 92627-3605

Mailing Address

671 WEST 17TH STREET
COSTA MESA CA 92627-3605

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

33-0198905

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE P ☒ Delete
NAME CISCO, RICARD
STREET ADDRESS 671 WEST 17TH STREET
CITY-ST-ZIP COSTA MESA CA 92627-3605

TITLE V ☐ Delete
NAME DEIBLER, KARL JR.
STREET ADDRESS 671 WEST 17TH STREET
CITY-ST-ZIP COSTA MESA CA 92627-3605

TITLE SD ☐ Delete
NAME KEEN, PAUL R
STREET ADDRESS 23555 EUCLID AVENUE
CITY-ST-ZIP EUCLID OH 44115

TITLE T ☐ Delete
NAME RICHARDS, MELINDA
STREET ADDRESS 671 WEST 17TH STREET
CITY-ST-ZIP COSTA MESA CA 92627-3605

TITLE CD ☐ Delete
NAME LIPSCOMB, RICHARD S
STREET ADDRESS 23555 EUCLID AVENUE
CITY-ST-ZIP EUCLID OH 44117

TITLE D ☐ Delete
NAME ST. CLAIR, FRANCES S
STREET ADDRESS 23555 EUCLID AVENUE
CITY-ST-ZIP EUCLID OH 44117

TITLE GM ☐ Change ☒ Addition
NAME MICHAEL, CHRIS
STREET ADDRESS 671 WEST 17TH STREET
CITY-ST-ZIP COSTA MESA, CA 92627

TITLE ☐ Change ☐ Addition
NAME 300003368153-4
STREET ADDRESS -08/23/00--01019--019
CITY-ST-ZIP ****558.75 ****558.75

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:

Melinda Richards

MELINDA RICHARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-26-00

(949) 548-3421

Date

Daytime Phone #

CR2E034 (9/99)