

2000 UNIFORM BUSINESS REPORT (UBR)

0604786

DOCUMENT # G00709

1. Entity Name

JMC MANAGEMENT, INC.

APPROVED
AND
FILED

00 APR 11 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

J MICHAEL CHEEZEM
4T ST. N.
PETERSBURG FL 33704

% J MICHAEL CHEEZEM
2201 4T ST. N.
ST PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEEZEM, J MICHAEL
2201-4TH STREET NORTH
SUITE 200
ST PETERSBURG FL 33704

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2237145

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME COOPER, GAIL M
STREET ADDRESS 2201 4TH STREET NORTH SUITE 200
CITY-ST-ZIP ST PETERSBURG FL

TITLE SD
NAME COPELAND, G. S
STREET ADDRESS 2201 4TH ST. N. STE. 200
CITY-ST-ZIP ST PETERSBURG FL

TITLE VP
NAME ALLEN, R L
STREET ADDRESS 2201 4TH ST NO STE 200
CITY-ST-ZIP ST PETE FL 33704

TITLE T
NAME BEAUMONT, S D
STREET ADDRESS 2201 4TH ST NO, STE 200
CITY-ST-ZIP ST PETE FL 33704

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

7278230022

Daytime Phone #

CR2E034 (9/99)