

# 2004 UNIFORM BUSINESS REPORT (UBR)

0062482 AV

DOCUMENT # J57477

1. Entity Name  
JC OF GAINESVILLE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 APR 13 PM 1:42

Principal Place of Business  
% KEITH CRAIG  
6100 NW 58TH PLACE  
GAINESVILLE FL 32606

Mailing Address  
P.O. BOX 53  
GAINESVILLE FL 32602



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

59-2873300

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

CRAIG, KEITH  
4048 NW 23 CIRCLE  
GAINESVILLE FL 32606

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, 2002 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 PD  
NAME CRAIG, KEITH  
STREET ADDRESS 6100 NW 58TH PLACE  
CITY-ST-ZIP GAINESVILLE FL



TITLE STD  
NAME CRAIG, EUGENE  
STREET ADDRESS 6100 NW 58TH PLACE  
CITY-ST-ZIP GAINESVILLE FL



TITLE VP  
NAME CRAIG, BRIAN D  
STREET ADDRESS 920 SW 79TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32602



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



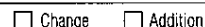
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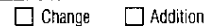
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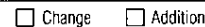
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NAME  
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CITY-ST-ZIP



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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2004 (352) 376-4704  
Date Daytime Phone #

CR2E034 (9/01)