

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J84376**

1. Entity Name

BHJC, INC.**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90116 045 ***150.00

Principal Place of Business

1701 DESOTO ROAD
SARASOTA FL 34234
US

Mailing Address

PATTERSON, JOHN
46 NORTH WASHINGTON BOULEVARD. #1
SARASOTA FL 34236-5932
US

2. Principal Place of Business

7015 PROFESSIONAL PKWY.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

EASTCity & State
SARASOTA FL

City & State

4. FEI Number **59-2834707**

Applied For

Not Applicable

Zip
34240Country
USA

Zip

Country

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****PATTERSON, JOHN**
46 NORTH WASHINGTON BLVD.
SUITE #1
SARASOTA FL 34236

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 State10. 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 **DP** ☐ Delete
NAME **HALFACRE, BILL**
STREET ADDRESS **1701 DESOTO ROAD**
CITY-ST-ZIP **SARASOTA FL**TITLE ☒ Change ☐ Addition
NAME **7015 PROFESSIONAL PARKWAY EAST**
STREET ADDRESS **SARASOTA FL 34240**
CITY-ST-ZIPTITLE **DV** ☐ Delete
NAME **COX, JOHN**
STREET ADDRESS **1701 DESOTO ROAD**
CITY-ST-ZIP **SARASOTA FL**TITLE ☒ Change ☐ Addition
NAME **7015 PROFESSIONAL PARKWAY EAST**
STREET ADDRESS **SARASOTA FL 34240**
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **COX, JOHN J III**
STREET ADDRESS **1701 DESOTO ROAD**
CITY-ST-ZIP **SARASOTA FL**TITLE ☒ Change ☐ Addition
NAME **7015 PROFESSIONAL PARKWAY EAST**
STREET ADDRESS **SARASOTA FL 34240**
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **HALFACRE, PATRICIA E**
STREET ADDRESS **1701 DESOTO ROAD**
CITY-ST-ZIP **SARASOTA FL**TITLE ☒ Change ☐ Addition
NAME **7015 PROFESSIONAL PARKWAY EAST**
STREET ADDRESS **SARASOTA FL 34240**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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:**SIGNATURE REQUIRED****(941) 907-9099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN J. COX, Vice President

CR2E034 (9/99)