

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04876

1. Entity Name

J & M FAMILY CORP.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90114 005 ***158.75

Principal Place of Business

19 WHISPERING SANDS DR
#1102
SARASOTA FL 34242
US

Mailing Address

19 WHISPERING SANDS DR
#1102
SARASOTA FL 34242-1663
US

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

65-0026732

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

AHERN, JOHN F.
19 WHISPERING SANDS DR
#1102
SARASOTA FL 34242

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 PD
NAME AHERN, JOHN F.
STREET ADDRESS 19 WHISPERING SANDS DR #1102
CITY-ST-ZIP SARASOTA FL



TITLE STD
NAME AHERN, BARBARA J
STREET ADDRESS 28 TAMARAC RD
CITY-ST-ZIP TROY NY



TITLE D
NAME ANDERSON, KENT J.
STREET ADDRESS 1879 BUCCANEER CIR.
CITY-ST-ZIP SARASOTA FL 34231



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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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 all other like empowered.

SIGNATURE:

John F. Ahern JOHN F. AHERN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/00 941-346-1635

Daytime Phone #

CR2E034 (9/99)