

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90284 047 ***158.75

DOCUMENT # K04876

1. Entity Name

J & M FAMILY CORP.

Principal Place of Business

**19 WHISPERING SANDS DR
#1102
SARASOTA FL 34242
US**

Mailing Address

**19 WHISPERING SANDS DR
#1102
SARASOTA FL 34242
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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
AHERN, BARBARA J
28 TAMARAC RD
TROY NY**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ANDERSON, KENT J.
1879 BUCCANEER CIR.
SARASOTA FL 34231**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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**

4/19/02

Date

(941) 346-1635

Daytime Phone #

CR2E034 (9/01)