

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07668

1. Entity Name

JAC-MO, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90085 041 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2501 NW 39TH ST~~  
~~BOCA RATON FL 33434~~

~~2501 NW 39TH ST~~  
~~BOCA RATON FL 33434~~

11278 Edgewater Circle 11278 Edgewater Circle  
Wellington FL 33414 Wellington FL 33414

00032710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0018415

Applied For  
Not Applicable

Zip

Country

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

SHAMEL, C. RICHARD, JR.  
212 N. FEDERAL HWY.  
DEERFIELD BEACH FL 33441

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 MOORE, JACK J.  
STREET ADDRESS 2501 NW 39TH ST  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE PD  
NAME moore Jack J.  
STREET ADDRESS 11278 Edgewater Circle  
CITY-ST-ZIP Wellington FL 33414 ☒ Change ☐ Addition

TITLE SD  
NAME MOORE, PHYLLIS A.  
STREET ADDRESS 2501 N.W. 39 ST.  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE SD  
NAME moore, phyllis A.  
STREET ADDRESS 11278 Edgewater Circle  
CITY-ST-ZIP Wellington FL 33414 ☐ Change ☐ Addition

TITLE V  
NAME MCMILLAN, SCOTT, R  
STREET ADDRESS 3912 NW 25TH WAY  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME MCMILLIAN, THERESA  
STREET ADDRESS 3912 NW 25TH WAY  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Jack J. Moore Jack J. Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/00  
Date

561 791 7803  
Daytime Phone #

CR2E034 (9/99)