

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47329

1. Entity Name

J. J. SHEPARD ASSOCIATES, INC.

Principal Place of Business

% JULIUS J. SHEPARD
2321 FISHER ISLAND
MIAMI FL 33109

Mailing Address

C/O LAWRENCE L JAFFE
5991 CHESTER AVE #104
JACKSONVILLE FL 32217-2265
US

2. Principal Place of Business

3. Mailing Address

c/o Lawrence L. Jaffe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5150 Belfort Rd., Bldg. 300

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32256

USA

4. FEI Number

65-0181073

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

JAFFE, LAWRENCE L
5991 CHESTER AVE
STE 104
JACKSONVILLE FL 32217

Name

Lawrence L. Jaffe

Street Address (P.O. Box Number is Not Acceptable)

5150 Belfort Road, Bldg. 300

City

Jacksonville,

FL

Zip Code

32256

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 ☐ Delete
NAME SHEPARD, JULIUS J.
STREET ADDRESS 2321 FISHER ISLAND
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME SHEPARD, JOHN S.
STREET ADDRESS 7330 SW 135TH TERR
CITY-ST-ZIP MIAMI FL 33156

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

TITLE ☐ Delete
NAME JAFFE, LAWRENCE L
STREET ADDRESS 5991 CHESTER AVE STE 104
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5150 Belfort Road, Bldg. 300
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 of Julius J. Shepard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
Date

Daytime Phone #

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90041 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)