

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000276

1. Entity Name

CJC SERVICES CORPORATION

Principal Place of Business

3927 CRAWFORDVILLE HWY.. #200/7
TALLAHASSEE FL 32310

Mailing Address

3927 CRAWFORDVILLE HWY.. #200/7
TALLAHASSEE FL 32310

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3291517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, SEMMEAL
580 N MAGNOLIA ST.
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FERGUSON, GARY
STREET ADDRESS 2900 APALACHEE PKWY. A102
CITY-ST-ZIP TALLAHASSEE FL 32399-0535

TITLE D ☒ Delete
NAME JACOBS, JOHN W
STREET ADDRESS 3695 CRUMP RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☒ Delete
NAME PAYNE, LISA L
STREET ADDRESS 16121 CARDEN DR.
CITY-ST-ZIP ODESSA FL 33556

TITLE P ☐ Delete
NAME CURRY, C. WHITESIDE
STREET ADDRESS 1000 SEMINOLE DR
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VP ☐ Delete
NAME CURRY, JOSEPH
STREET ADDRESS 1000 SEMINOLE DR
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE S ☐ Delete
NAME CURRY, C JOI
STREET ADDRESS 1000 SEMINOLE DR
CITY-ST-ZIP TALLAHASSEE FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME BRICE, D. L.
STREET ADDRESS 5180 Fieldgreen Crossing
CITY-ST-ZIP Stone Mountain, GA 30088

TITLE D ☐ Change ☒ Addition
NAME WHITESIDE, Charles
STREET ADDRESS 7540 N. Wolcott Avenue
CITY-ST-ZIP Chicago, IL 60626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003397731--4
-09/13/00--01030--016
*****61.25 *****61.25

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C Whiteside Curry, President/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

(850) 942-6188

Daytime Phone #

CR2E037 (5/00)