

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90136 004 \*\*\*158.75

**DOCUMENT # P00000073371**

**1. Entity Name**  
**JBS LAND AND MANAGEMENT TRUST CORPORATION**

**Principal Place of Business**      **Mailing Address**  
 638 WEST 8TH STREET      PO BOX 854  
 LAKELAND FL 33805-4375      LAKELAND FL 33802-0854

01/02/2001

00002047



DO NOT WRITE IN THIS SPACE

**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**      **Applied For**  
 59-3065838      ☐ Not Applicable

**5. Certificate of Status Desired**      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

JACKSON, ELIJAH  
 1500 WEST HIGHLAND STREET, #L-237  
 LAKELAND FL 33815-4293

**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**      **ELIJAH JACKSON**  
 ELIJAH JACKSON (TRUST) AND (INCORPORATED)      01/22/2001  
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, 2001 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**

<b>TITLE</b> C,M <b>NAME</b> JACKSON, ELIJAH <b>STREET ADDRESS</b> 1500 West Highland Street, #237, KMMH <b>CITY-ST-ZIP</b> LAKELAND, FLORIDA 33815-4293	<input type="checkbox"/> Delete
<b>TITLE</b> VP,O,D <b>NAME</b> JACKSON, DELSIA R. <b>STREET ADDRESS</b> 1500 West Highland Street, #237 <b>CITY-ST-ZIP</b> LAKELAND, FLORIDA 33815-4293	<input type="checkbox"/> Delete
<b>TITLE</b> OD <b>NAME</b> MCCLAIN, GEORGIA MAE <b>STREET ADDRESS</b> 636 West 8th Street <b>CITY-ST-ZIP</b> LAKELAND, FLORIDA 33805	<input type="checkbox"/> Delete
<b>TITLE</b> P,O <b>NAME</b> JACKSON, ELIJAH JR. <b>STREET ADDRESS</b> 638 West 8th Street <b>CITY-ST-ZIP</b> LAKELAND, FLORIDA 33805 4375	<input type="checkbox"/> Delete
<b>TITLE</b> T,O <b>NAME</b> ELIAS JACKSON <b>STREET ADDRESS</b> 638 West 8th Street <b>CITY-ST-ZIP</b> LAKELAND, FLORIDA 33805 4375	<input type="checkbox"/> Delete
<b>TITLE</b> S,O <b>NAME</b> ELISABETH JAXCKSON <b>STREET ADDRESS</b> 638 West Highland Street, #237 <b>CITY-ST-ZIP</b> LAKELAND, FLORIDA 33815-4293	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information reported 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 in 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 and I executed 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:**      **ELIJAH JACKSON (TRUST) AND (INC.)**      01/15/2001      863 616 1840  
SIGNATURE PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)