

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098784

1. Entity Name
J.M. GANT GROUP, INC.

Principal Place of Business
105 BROKEN POTTERY DR.
PONTE VEDRA BEACH FL 32082

Mailing Address
105 BROKEN POTTERY DR.
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business
448 Clearwater Dr.

3. Mailing Address
448 Clearwater Dr.

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

Zip
32082

Country
USA

Zip
32082

Country
USA

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90055 008 ***550.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GANT, SALLY
105 BROKEN POTTERY DR.
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
Sally Gant

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

City & State
Ponte Vedra Beach FL 32082

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 *Sally Gant* Sally Gant 8/25/01

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D GANT, JEFFREY M 105 BROKEN POTTERY DR. PONTE VEDRA BEACH FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President Gant, Jeffrey M. 448 Clearwater Dr. Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President Crocker Timothy L. 105 Mallard Trail Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Treasurer Crocker, Annette G. 105 Mallard Trail Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary Gant, Sally T. 448 Clearwater Dr. Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Annette G. Crocker* 8/25/01 904-838-6174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)