

2002 UNIFORM BUSINESS REPORT (UBR)

0016303
AV

DOCUMENT # P01000102619

1. Entity Name
PJ UNITED MANAGEMENT, INC.

FILED

02 OCT -4 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9600 DELEGATES DR.
ORLANDO FL 32837

Mailing Address
9600 DELEGATES DR.
ORLANDO FL 32837



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

31-1906139

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHERMAN, RICHARD F
7025 W. HWY. 22, STE. 6
CRESTWOOD KY 40014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Grisanti, Michael J
7025 W. Hwy 22, Ste. 6
Crestwood, KY 40014 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEPHENS, DOUGLAS S
7025 W. HWY. 22, STE. 6
CRESTWOOD KY 40014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Laughery, Jack A.
7025 W. Hwy 22, Ste. 6
Crestwood, KY 40014 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLEISHMAN, MICHAEL M
7025 W. HWY. 22, STE. 6
CRESTWOOD KY 40014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300008288079 ☐ Change ☐ Addition
-10/09/02--01058--006
****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HART, MARTIN J
7025 W. HWY. 22, STE. 6
CRESTWOOD KY 40014 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEENER, FRANK O
7025 W. HWY. 22, STE. 6
CRESTWOOD KY 40014 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANGFORD, STEPHEN P
7025 W. HWY. 22, STE. 6
CRESTWOOD KY 40014 ☐ Delete

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

CR2E034 (4/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Stephens

10/3/02

205-981-2800

Date

Daytime Phone #