

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90227 028 ***150.00

0413607 AV

DOCUMENT # P04043

1. Entity Name
J M FAMILY ENTERPRISES, INC.



Principal Place of Business
100 NW 12TH AVENUE
DEERFIELD BEACH FL 33442-1702

Mailing Address
111 NW 12TH AVE
LEGAL DEPT. JMFDF018
DEERFIELD BEACH FL 33442
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

100 JIM MORAN BLVD.
Suite, Apt. #, etc.

3. Mailing Address

100 JIM MORAN BLVD.
Suite, Apt. #, etc. **LEGAL DEPT**
MAIL DROP JMFDF018

City & State

DEERFIELD BEACH FL
Zip **33442** Country **USA**

City & State

DEERFIELD BEACH FL
Zip **33442** Country **USA**

4. FEI Number **59-1390794**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	HC	<input type="checkbox"/> Delete
NAME	MORAN, JAMES M	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MORAN, PATRICIA G	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	MORAN, JANICE M	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DPCO	<input type="checkbox"/> Delete
NAME	BROWN, COLIN W	
STREET ADDRESS	100 NW 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	OSSENBECK, PATRICK C	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WHELAN, JOHN J	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	HC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES M	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	COBIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, PATRICIA G	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	SVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JANICE M	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DPCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, COLIN W	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSENBECK, PATRICK C	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J. WHELAN	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. WHELAN
VICE PRESIDENT
CORPORATE SECRETARY
Date **04/24/03**
Daytime Phone # **9544204617**

CR2E034 (10/02)