

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90074 009 ***150.00

DOCUMENT # P94000008423

1. Entity Name

THE JEFFERSON NATIONAL MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

1031 W.MORSE BLVD
 SUITE 250
 WINTER PARK FL 32789
 US

1031 W.MORSE BLVD
 SUITE 250
 WINTER PARK FL 32789-3738
 US

2. Principal Place of Business

1031 W. Morse Blvd.

3. Mailing Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 160

Suite 160

City & State

City & State

Winter Park, Florida

Winter Park, Florida

Zip

Country

Zip

Country

32789

USA

32789

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Swann & Hadley, P.A.

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

1031 W. Morse Blvd.

Suite 160

City

Winter Park

FL

Zip Code

32789

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

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCAULIFFE, TERENCE R	
STREET ADDRESS	7527 OLD DOMINION	
CITY-ST-ZIP	MCLEON VA 22102	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCAULIFFE, DOROTHY S	
STREET ADDRESS	7527 OLD DOMINION	
CITY-ST-ZIP	MCLEON VA 22102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWANN, CHRISTIAN M.	
STREET ADDRESS	1031 W.MORSE BLVD, SUITE 270	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANN, RICHARD R	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABNER, SHARON B	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ASST	<input type="checkbox"/> Delete
NAME	BROWN, KAREN M	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	
CITY-ST-ZIP	WINTER PARK FL 32789	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swann, Christian M.	
STREET ADDRESS	1031 W. Morse Blvd, Ste 160	
CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swann, Richard R.	
STREET ADDRESS	1031 W. Morse Blvd., Ste. 160	
CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abner, Sharon B.	
STREET ADDRESS	1031 W. Morse Blvd, Ste. 160	
CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE	Asst	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Karen M.	
STREET ADDRESS	1031 W. Morse Blvd, Ste. 160	
CITY-ST-ZIP	Winter Park, Florida 32789	

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

Vice President

4-25-00

407-643-8977

Date

Daytime Phone #

CR2E034 (9/99)