

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087019 (3)

1. Entity Name

INVESTORS MILLENNIUM MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3501 N.E. 10th Street (same)  
Ocala, FL 34470

2. Principal Place of Business  
Florida

3. Mailing Address  
3501 N.E. 10th Street  
Ocala, FL 34470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Ocala, Florida

4. FEI Number

65-0564531

Applied For

Not Applicable

Zip

Country

Zip

34470

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

14303

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSEN, ROSE J.  
3501 N.E. 10th Street  
Ocala, Florida 34470

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

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. PD OFFICERS AND DIRECTORS

TITLE President-Director ☐ Delete  
NAME Rose J. Johnsen  
STREET ADDRESS 3501 N.E. 10th Street  
CITY-ST-ZIP Ocala, FL 34470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPSTD  
NAME Secretary-Director ☐ Delete  
STREET ADDRESS Bruce E. Thomsen  
CITY-ST-ZIP 16947 Patricia Way  
Grass Valley, CA 95949

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: Rose J. Johnsen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-00

Date

949 768-2197

Daytime Phone #