

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017802

1. Entity Name

J & C MANAGEMENT, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90183 004 ***150.00

Principal Place of Business

Mailing Address

414 NE 3 ST
CRYSTAL RIVER FL 34429

712 NE HWY 19
CRYSTAL RIVER FL 34429
US

2. Principal Place of Business

3. Mailing Address

712 NE Hwy 19

Suite, Apt. #, etc.

CRYSTAL RIVER

City & State

FL

Zip

34429

Country

USA

Zip

Country

4. FEI Number

59-3299801

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

BARD, CARLA A
C/O CARLA ANN BARD
413 NE 3RD STREET
CRYSTAL RIVER FL 34429

Name

CARLA ANN BARD

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

712 NE Hwy 19

City

CRYSTAL RIVER

FL

Zip Code

34429

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

CARLA ANN BARD

Carla Ann Bard

3/16/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BARD, CARLA A
STREET ADDRESS 414 NE 3RD STREET
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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

TITLE VP ☐ Delete
NAME BARD, JOHN J SR
STREET ADDRESS 414 NE 3RD STREET
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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

TITLE ST ☐ Delete
NAME COOPER, RACHEL S.
STREET ADDRESS 720 NE 13TH STREET
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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:

Carla Ann Bard

CARLA ANN BARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)