

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017802

1. Entity Name

J & C MANAGEMENT, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90184 047 ***150.00

0629301

Principal Place of Business
712 NE HWY 19
CRYSTAL RIVER FL 34429

Mailing Address
712 NE HWY 19
CRYSTAL RIVER FL 34429
US

00035303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
720 NE Hwy 19

3. Mailing Address
720 NE Hwy 19

Suite, Apt. #, etc.

City & State
CRYSTAL RIVER FL

City & State
CRYSTAL RIVER FL

Zip
34429

Country
FLORIDA

Zip
34429

Country
FLORIDA

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

BARD, CARLA A
712 NE HWY 19
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
720 NE Hwy 19

CRYSTAL RIVER

City **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 A BARD* *Carla A Bard* *3/23/01*

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, 2001 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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARD, CARLA A		NAME		
STREET ADDRESS	414 NE 3RD STREET		STREET ADDRESS	<i>1230 SE Kingsbay Dr</i>	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		CITY-ST-ZIP	<i>CRYSTAL RIVER, FL 34429</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARD, JOHN J SR		NAME		
STREET ADDRESS	414 NE 3RD STREET		STREET ADDRESS	<i>1230 SE Kingsbay Dr</i>	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		CITY-ST-ZIP	<i>CRYSTAL RIVER, FL 34429</i>	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, RACHEL S.		NAME	<i>RACHAEL S. LANGLEY</i>	
STREET ADDRESS	720 NE 13TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 A BARD* *Carla A Bard* *3/23/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)