

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017802

1. Entity Name
J & C MANAGEMENT, INC.

Principal Place of Business

712 NE HWY 19
CRYSTAL RIVER FL 34429

Mailing Address

712 NE HWY 19
CRYSTAL RIVER FL 34429
US

2. Principal Place of Business

720 NE Hwy 19

Suite, Apt. #, etc.

3. Mailing Address

720 NE Hwy 19

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER FL

City & State

CRYSTAL RIVER FL

Zip

34429

CITRUS

Zip

34429

County

CITRUS

Country

CITRUS

Country

CITRUS

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/01

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1230 SE Kingsbay Dr
CRYSTAL RIVER, FL 34429

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1230 SE Kingsbay Dr
CRYSTAL RIVER, FL 34429

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RACHAEL S. LANGLEY

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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)

0623901

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

04-12-2001 90184 047 ***150.00

00035303



DO NOT WRITE IN THIS SPACE