

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90006 012 \*\*\*150.00

**DOCUMENT # P95000071967**

1. Entity Name  
**J-9 DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
**210 SOUTH PARSON DR. SUITE 12 BRANDON FL 33511 US** **1010 HUNTCLIFF, SUITE 1350 ATLANTA GA 30350-1809**

2. Principal Place of Business Suite, Apt. #, etc. City & State  
 3. Mailing Address Suite, Apt. #, etc. City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0612664** 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**

**RUSSELL, JEFFREY S  
 240 S. PINEAPPLE AVENUE  
 TENTH FLOOR  
 SARASOTA FL 34236**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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. DELETED OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SHANER, JEANNINE</b> <b>8351 ROSWELL RD STE 238</b> <b>ATLANTA GA 30350</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>JEANNINE SHANER</b> <b>210 S PARSONS DR #12</b> <b>BRANDON, FL 33511</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHANER, WILLIAM</b> <b>210 S. PARSON DR #12</b> <b>BRANDON FL 33511</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** William Shaner **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: 1/25/00 Daytime Phone #: 990 9926301

CR2E034 (9/99)