2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90099 022 ***150.00

OCUMENT # P96000007173

Entity Name
J&B Community Management Inc.

Principal Place of Business	Mailing Address
J&B Community Management Inc	J&B Community Management In
4 Barbados Rd	P.O. Box 216
Englewood, FL. 34223	Englewood, Fl. 34295

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Janice R Horky	J&B Community Management
Suite, Apt. #, etc. 4 Barbados Rd.	Suite, Apt. #, etc. P.O. Box 216
City & State Englewood, FL.	City & State Englewood, FL.
Zip 34223 Country USA	Zip 34295 Country

4. FEI Number 65-0641448 ☐ 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
HORKY, JANICE R.	Name
4 Barbados Rd.	Street Address (P.O. Box Number is Not Acceptable)
Englewood, FL. 34223	City FL Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D — S-T ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	HORKY, JANICE R.	NAME
STREET ADDRESS	4 BARBADOS	STREET ADDRESS
CITY-ST-ZIP	ENGLEWOOD FL 34223	CITY-ST-ZIP
TITLE	D — V ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	HORKY, WILLIAM J.	NAME
STREET ADDRESS	4 BARBADOS	STREET ADDRESS
CITY-ST-ZIP	ENGLEWOOD FL 34223	CITY-ST-ZIP
TITLE	D — P ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	Robert D Fugett	NAME
STREET ADDRESS	7326 Wichester Blvd	STREET ADDRESS
CITY-ST-ZIP	Englewood, FL 34224	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

CR2E034 (9/99)

3. 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 J Horky VP. — 4/28/00 — 941 474 6709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #