

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017457

1. Entity Name

JMG MANAGEMENT COMPANY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90986 003 ***150.00

Principal Place of Business

359 SECOND STREET SOUTH
NAPLES FL 34102
US

Mailing Address

359 SECOND STREET SOUTH
NAPLES FL 34102-8617
US

2. Principal Place of Business

145 CARIBBEAN COURT
Suite, Apt. #, etc.

3. Mailing Address

(SAME)
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0666608

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

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

GRECO, JOHN M
359 SECOND STREET SOUTH
NAPLES FL 34102

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

John M. Greco

JOHN M. GRECO

4/29/00

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	<input type="checkbox"/> Delete
NAME	GRECO, JOHN M.	
STREET ADDRESS	359 SECOND STREET SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	145 CARIBBEAN COURT	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John M. Greco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/00

941 516-4880

CR2E034 (9/99)