

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100906

1. Entity Name

DJH MANAGEMENT COMPANY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90046 013 ***150.00

Principal Place of Business

Mailing Address

~~20 IRENE STREET~~
BROOKSVILLE FL 34601

~~20 IRENE STREET~~
BROOKSVILLE FL 34601-2122

2. Principal Place of Business

291 E. JEFFERSON ST.

3. Mailing Address

291 E. JEFFERSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

Country

34601

Zip

Country

34601



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3414192

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

HENSLEY, DONALD J

~~20 IRENE STREET~~

BROOKSVILLE FL 34601

Name

Street Address (P.O. Box Number is Not Acceptable)

291 E. JEFFERSON ST.

City

BROOKSVILLE, FL

State

34601

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

DONALD J. HENSLEY

He

3/31/00

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	HENSLEY, DONALD J.	
STREET ADDRESS	291 E JEFFERSON ST	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)