

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008635

1. Entity Name

M & C MANAGEMENT SYSTEMS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90202 038 ***150.00

Principal Place of Business
4215 SOUTHPOINT BLVD
SUITE 100
JACKSONVILLE FL 32216

Mailing Address
4215 SOUTHPOINT BLVD
SUITE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business
P. O. Box 551260

3. Mailing Address
P. O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3431078

Applied For
Not Applicable

Zip
32255

Country

Zip
32255

Country

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

ANSBACHER, LAWRENCE V
4215 SOUTHPOINT BLVD
SUITE 100
JACKSONVILLE FL 32216

Name
Lawrence V. Ansbacher

Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road

Building 100

City
Jacksonville FL 32256

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
3/9/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RIPPLE, PENNY
P.O. BOX 460
HIGH SPRINGS FL 32655

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HAGGERTY, SCOTT
912 SEAWOOD DR
NEPTUNE BEACH FL 32266

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00 904-454-3140

CR2E034 (9/99)