2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State
08-21-2000 90215 049 ***550.00

DOCUMENT # P98000015029

1. Entity Name
JAMCO PROPERTIES, INC

Principal Place of Business
4038 GRIFFIN VIEW Rd
Lady Lake, FL 32159

Mailing Address

A0073752

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address P.O. Box 1479
Suite, Apt. #, etc.
City & State LADY LAKE FL
Zip
Country

4. FEI Number 59-3493635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JON A. MOORE, SR.
4038 GRIFFIN VIEW Rd.
Lady Lake, FL 32159

7. Name and Address of New Registered Agent

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 Frances L. Moore
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/D NAME JON A MOORE, SR STREET ADDRESS 4038 GRIFFIN VIEW Rd CITY-ST-ZIP LADY LAKE, FL 32159	☑ Delete	TITLE P/D NAME FRANCES L. MOORE STREET ADDRESS 4038 GRIFFIN VIEW Rd CITY-ST-ZIP LADY LAKE, FL 32159	☑ Change ☐ Addition
TITLE STD NAME FRANCES L. MOORE STREET ADDRESS 4038 GRIFFIN VIEW Rd CITY-ST-ZIP LADY LAKE FL 32159	☑ Delete	TITLE S/T NAME KELLY MOORE STREET ADDRESS 4038 GRIFFIN VIEW Rd CITY-ST-ZIP LADY LAKE, FL 32159	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 #