2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90017 010 ***150.00

DOCUMENT # P98000043706

1. Entity Name
BJP MANAGEMENT CORPORATION
c/o Suzanne B. Jack

Principal Place of Business	Mailing Address
~~9862 COUNTY RD 170~~	~~9862 COUNTY RD 170~~
~~WESTCLIFFE CO 81252~~	~~WESTCLIFFE CO 81252~~

102 Snowy Egret
Amelia Island, FL 32034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 8374
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Amelia Island, FL
Zip / Country: Nassau	Zip: 32035 / Country: Nassau

4. FEI Number 58-2406695 ☐ 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
EGERTON, CHARLES H	Name
800 N MAGNOLIA AVE, SUITE 1500	Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32803	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 ____________________
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, 2002 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	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JACK, SUZANNE B		NAME	P.O. Box 8374
STREET ADDRESS	~~9862 COUNTY RD 170~~		STREET ADDRESS	Amelia Island, FL 32035
CITY-ST-ZIP	~~WESTCLIFFE CO 81252~~		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, AUBREY S		NAME	
STREET ADDRESS	1487 LONESOME MTN. HOLLOW		STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22911		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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Suzanne B. Jack 1/15/02 904 491-6812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)