

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90002 033 ***150.00

DOCUMENT # P98000046187

1. Entity Name
J.C. STANFORD & COMPANY, INC.

Principal Place of Business Mailing Address
5666 SUMMERALL ROAD 5666 SUMMERALL ROAD
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-5902
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5666 Summerall Road

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State

Zip
32216

Country
Duval

4. FEI Number **59-3515649** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFREY R. LUDWIG, P.A.
6620 SOUTHPOINT DRIVE SOUTH
SUITE 200
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
John C. Stanford, Jr., President

Street Address (P.O. Box Number is Not Acceptable)
5666 Summerall Road

City
Jacksonville **FL** Zip Code **32216**

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 C. Stanford, Jr., President** **4/28/00**

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

TITLE D	<input type="checkbox"/> Delete
NAME STANFORD, JOHN C JR. President	
STREET ADDRESS 5666 SUMMERALL ROAD	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE VP	<input type="checkbox"/> Delete
NAME WILLIAMS, PAUL R	
STREET ADDRESS 5666 SUMMERALL RD	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE VP	<input type="checkbox"/> Delete
NAME WILLIAMS, JAMES F JR	
STREET ADDRESS 5666 SUMMERALL RD	
CITY-ST-ZIP JAX FL 32216	
TITLE ST	<input type="checkbox"/> Delete
NAME STANFORD, VICTORIA B	
STREET ADDRESS 5666 SUMMERALL RD	
CITY-ST-ZIP JAX FL 32216	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 file 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 C. Stanford, Jr., President** **4/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **(904) 367-0990**

CR2E034 (9/99)