

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053801

1. Entity Name

KJH MANAGEMENT, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90053 001 ***150.00

Principal Place of Business

Mailing Address

10548 SPOTTWOOD CIR
PALM HARBOR FL 34683

10548 SPOTTWOOD CIR
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3517722

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

GIBBONS, JOHN B
408 E MADISON ST
TAMPA FL 33602

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

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 PD ☐ Delete

NAME HOUCK, JEFFREY C
STREET ADDRESS 1598 SPOTTWOOD CIR
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD ☐ Delete

NAME HOUCLE, CATHERINE R
STREET ADDRESS 1598 SPOTTWOOD CIR
ST-ZIP PALM HARBOR FL 34683

☐ Delete

NAME
STREET ADDRESS
ST-ZIP

☐ Delete

NAME
STREET ADDRESS
ST-ZIP

☐ Delete

NAME
STREET ADDRESS
ST-ZIP

☐ Delete

NAME
STREET ADDRESS
ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition

NAME Houck, Catherine R
STREET ADDRESS 1598 Spottwood Cir.
CITY-ST-ZIP Palm Harbor, FL-34683

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

3/20/2000