

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000074577**

1. Entity Name

JM VENTURES UNLIMITED, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90968 022 ***150.00

Principal Place of Business

Mailing Address

SOMETHING SPECIAL CHILD CARE
1ST AVE
FL 34736**C/O SOMETHING SPECIAL CHILD CARE**
205 1ST AVE
GROVELAND FL 34736-2303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3523705

Applied For

Not Applicable

Zip

Country

Zip

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

Name

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

City

FL

Zip Code

BEEBE, ELIZABETH A
~~300 VIRGINIA ST.~~ 1157 MAGNOLIA ST
~~MINNEOLA FL 34755~~ CLERMONT FL
34711

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 State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PRICE, MART
27551 JACKSON CT.
OKAHUMPKA FL 34762TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MURPHY, ANTHONY
332 FIRST AVE.
GROVELAND FL 34736TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
THOMAS, LATASHA
834 ROBINSON ST.
GROVELAND FL 34736TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EUGENE, RENOIR J
216A RIDGECREST LOOP
CLERMONT FL 34736TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NICHOLS, LINDA
RT. 2 BOX 1163
CRESENT FL 32112TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SMITH, JANICE
348 FIRST AVE.
GROVELAND FL 34736TITLE ☐ Change ☐ 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 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 #

CR2E034 (9/99)