

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107229

1. Entity Name

JURNIGAN AND COMPANY

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90046 038 \*\*\*150.00

Principal Place of Business

Mailing Address

17120 SE 148 STREET  
HAWTHORNE FL 32640

17120 SE 148 STREET  
HAWTHORNE FL 32640-8349

2. Principal Place of Business

1330 NW 6th Street

3. Mailing Address

P.O. Box 2082

Suite, Apt. #, etc.

Suite A-1

Suite, Apt. #, etc.

—

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

Alachua

Zip

32602

Country

Alachua

4. FEI Number

59-3562454

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JURNIGAN, MONICA  
17120 SE 148 STREET  
HAWTHORNE FL 32640

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

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	P	<input type="checkbox"/> Delete
NAME	JURNIGAN, JOHN W	
STREET ADDRESS	17120 SE 148TH ST.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	S	<input type="checkbox"/> Delete
NAME	JURNIGAN, MONICA	
STREET ADDRESS	17120 SE 148TH ST	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. JURNIGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-00 352-376-8080