

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051485

1. Entity Name

JEM TACO MANAGEMENT GROUP OF FLORIDA, INC.

Principal Place of Business

5020 WEST CYPRESS STREET, STE. 200  
TAMPA FL 33607

Mailing Address

5020 WEST CYPRESS STREET, STE. 200  
TAMPA FL 33607

2. Principal Place of Business

Florida

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22247

Suite, Apt. #, etc.

City & State

City & State

Charleston, SC

Zip

Country

Zip

Country

29413

USA

4. FEI Number

59-3580879

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ROBERT E  
5020 WEST CYPRESS STREET, STE. 200  
TAMPA FL 33607

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCGRATH, JOHN  
84 CHURCH STREET  
CHARLESTON SC 29401

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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 #

FILED  
Mar 19, 2001 8:00 am  
Secretary of State

03-19-2001 90224 001 \*\*\*300.00

65272



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)