

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90377 043 ***150.00

DOCUMENT # P99000070947

1. Entity Name

J&M MANAGEMENT OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DR., STE. 1014
 FORT WALTON BEACH FL 32547**

Mailing Address

**C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DR., STE. 1014
 FORT WALTON BEACH FL 32547**

2. Principal Place of Business

1000 ...
 Suite, Apt. #, etc.

3. Mailing Address

Suite
 Suite, Apt. #, etc.

City & State

Seaside Beach FL

City & State

Seaside

Zip

Country

32451

Wilton

Zip

Country

4. FEI Number

59-3589651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM SCOTT
 909 MAR WALT DRIVE
 SUITE 1014
 FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name

Seaside

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

N/A

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 ☐ Delete
 NAME **D HANNA, MARILYN**
 STREET ADDRESS **10745 EMERALD COAST PARKWAY, W.**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME **D HANNA, JOHN R**
 STREET ADDRESS **10745 EMERALD COAST PARKWAY, W.**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Marilyn Hanna
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01
 Date

850-654-4259
 Daytime Phone #

CR2E034 (10/00)