

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091818

1. Entity Name

J.C. NICHOLS, INC.

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90363 029 ***150.00

| | |
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| Principal Place of Business 1101 GULF BREEZE PKWY GULF BREEZE FL 32561 | Mailing Address 1101 GULF BREEZE PKWY GULF BREEZE FL 32561 |
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| 2. Principal Place of Business Suite, Apt. #, etc. 212 | 3. Mailing Address Suite, Apt. #, etc. 212 |
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| | |
|--------------|-----------------------|
| City & State | City & State |
| Zip | Country Santa Rosa |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3602215

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, CARLETTE N
1101 GULF BREEZE PKWY
GULF BREEZE FL 32561

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 *Carlette N. Howell* DATE 4-29-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD HOWELL, CARLETTE 1101 GULF BREEZE PKWY GULF BREEZE FL 32561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOWELL, BILL 1101 GULF BREEZE PKWY GULF BREEZE FL 32561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Carlette N. Howell* DATE 4-29-01 DAYTIME PHONE # 850-916-9162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)