

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39900

1. Entity Name

J & C HAMMONDS, INC.

FILED

Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90103 018 \*\*\*150.00

Principal Place of Business

Mailing Address

490 BALTIMORE AVE  
LAKE PLACID FL 33852  
LAKE PLACID FL 33852  
P.O. BOX 102  
LAKE PLACID FL 33862-0102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Placid, FL

4. FEI Number

59-3055962

Applied For

Not Applicable

Zip

Country

Zip

Country

33852

Highlands

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

HAMMONDS, CLEO  
42 LEIGHY DRIVE  
LAKE PLACID FL 33862

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

*Cleo Hammonds*  
Signature (typed or printed name of agent)

5-00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HAMMONDS, CLEO  
42 LEIGHY DR.  
LAKE PLACID FL 33862 ☐ Delete

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

TITLE  
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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:

*Cleo Hammonds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)