

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V21129

1. Entity Name

AEGIS MANAGEMENT, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90053 004 ***150.00

Principal Place of Business

200 EXECUTIVE WAY
STE 111
PONTE VEDRA FL 32256

Mailing Address

P O BOX 2055
PONTE VEDRA FL 32004-2055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3116361

Applied For

Not Applicable

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

EWING, JOHN T.
200 EXECUTIVE WAY
STE 111
PONTE VEDRA FL 32082

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME EWING, JOHN T.
STREET ADDRESS 9116 CYPRESS GREEN DR.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS EWING, JOHN T.
CITY-ST-ZIP 9656 OBER RUN DRIVE
PONTE VEDRA, FL 32082

TITLE VD ☐ Delete
NAME EWING, JANE G
STREET ADDRESS 1000 3RD ST APT 3-D
CITY-ST-ZIP NEPTUNE BCH FL 32266

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John T. Ewing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

904-280-7616

Daytime Phone #

CR2E034 (9/99)