

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90023 005 ***150.00

DOCUMENT # H71332

1. Entity Name
JAMAICA BAY, INC.

Principal Place of Business 31005 JAMAICA BAY DRIVE BOYNTON BCH. FL 33436	Mailing Address 31005 JAMAICA BAY DRIVE BOYNTON BCH. FL 33436-1966
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

**LEVINE, JAY STEVEN
 2500 NORTH MILITARY TRAIL
 SUITE 275
 BOCA RATON FL 33431**

4. FEI Number **59-2578859**

Applied For Not Applicable

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

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 _____ (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	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAPHAEL, DONALD		NAME Irving P Maurer	
STREET ADDRESS 53002 DEL RIO BAY		STREET ADDRESS 33011 Azua Bay	33436
CITY-ST-ZIP BOYNTON BEACH FL		CITY-ST-ZIP Boynton Beach, FL	
TITLE SD	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRAZIER, ELIZABETH C		NAME Charles F. O'Brien	
STREET ADDRESS 48001 JARUCO BAY		STREET ADDRESS 49012 Inauga Bay	
CITY-ST-ZIP BOYNTON BEACH FL 33436		CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE VPD	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSS, FRANK		NAME Joseph C. Quaid	
STREET ADDRESS 42021 JIMA BAY		STREET ADDRESS 16010 Fontein Bay	
CITY-ST-ZIP BOYNTON BEACH FL		CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMMAR, JIM		NAME Mark Hayes	
STREET ADDRESS 36004 DRON BAY		STREET ADDRESS 8001 Esperanza Bay	
CITY-ST-ZIP BOYNTON BEACH FL		CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE TD	<input type="checkbox"/> Delete	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNEBELE, D. MARION		NAME Mark Hayes	
STREET ADDRESS 42013 JIMA BAY		STREET ADDRESS 8001 Esperanza Bay	
CITY-ST-ZIP BOYNTON BEACH FL 33436		CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE D	<input type="checkbox"/> Delete	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYES, MARK		NAME Mark Hayes	
STREET ADDRESS 8001 ESPERANZA BAY		STREET ADDRESS 8001 Esperanza Bay	
CITY-ST-ZIP BOYNTON BEACH FL 33436		CITY-ST-ZIP Boynton Beach, FL 33436	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Irving P Maurer, Pres. 2/16/00 (561) 732-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)