

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49294

1. Entity Name

JAMACIANS OF THE PALM BEACHES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90233 044 ****70.00

Principal Place of Business

4200 LATONA AVE.
WEST PALM BEACH FL 33407

Mailing Address

4200 LATONA AVE.
WEST PALM BEACH FL 33407-3526

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

65-0348218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KENTON, HOPETON
4200 LATONA AVE.
W. PALM BEACH FL 33407

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BODDEN, MARCIA, *President*
STREET ADDRESS 1601 40TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407 *1998 now V.P.*

TITLE DV ☐ Delete
NAME WHITELEY, JENNY R
STREET ADDRESS 742 MAGNOLIA DRIVE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE DT ☐ Delete
NAME GRANT, ALVIN
STREET ADDRESS 507 HURON PL.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE DS ☐ Delete
NAME WATERMAN, DORETT
STREET ADDRESS 5285 MARCIA PL.
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ Delete
NAME HOPETON, KENTON *President*
STREET ADDRESS 4200 LATONA AVE.
CITY-ST-ZIP W. PALM BEACH FL 33407 *2000*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alvin Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 (561) 440-3820
Date Daytime Phone #

CR2E037 (9/99)