

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90034 018 \*\*\*150.00

**DOCUMENT # P95000053810**

1. Entity Name

**JWH INVESTMENT MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

**301 YAMATO ROAD  
 SUITE 2222  
 BOCA RATON FL 33431**

**301 YAMATO ROAD  
 SUITE 2222  
 BOCA RATON FL 33431-4931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0597266**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TWIST, EDWIN B  
 301 YAMATO ROAD  
 SUITE 2200  
 BOCA RATON FL 33431**

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

*Edwin B. Twist*

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>HENRY, JOHN W</b>	NAME	
STREET ADDRESS	<b>301 YAMATO ROAD, SUITE 2222</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>KOZAK, DAVID M.</b>	NAME	
STREET ADDRESS	<b>ONE GLENDINNING PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CT</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	<b>TREACY, KEVIN J</b>	NAME	<b>Paul D. Braica</b>
STREET ADDRESS	<b>ONE GLENDINNING PLACE</b>	STREET ADDRESS	<b>301 Yamato Road, Suite 2200</b>
CITY-ST-ZIP	<b>WESTPORT CN 06880</b>	CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>KENTON, ELIZABETH A.M.</b>	NAME	
STREET ADDRESS	<b>ONE GLENDINNING PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CT</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>TWIST, EDWIN B.</b>	NAME	
STREET ADDRESS	<b>301 YAMATO ROAD, STE 2200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	<b>DEAKINS, CHRISTOPHER E</b>	NAME	
STREET ADDRESS	<b>ONE GLENDINNING PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CN 06880</b>	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:

*David M. Kozak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/00*

Date

Daytime Phone #