

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90067 028 \*\*\*150.00

**DOCUMENT # P96000000248**  
 1. Entity Name  
**JBG CORPORATION OF CENTRAL FLORIDA**

Principal Place of Business <b>110-C E. VOLUSIA AVE DELAND FL 32720</b>	Mailing Address <del><b>110-C E. VOLUSIA AVE DELAND FL 32724-6951</b></del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2231 S. Woodland Blvd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1607 Marty Dr.</b> Suite, Apt. #, etc.
City & State <b>DeLand FL</b>	City & State <b>Pierson FL</b>
Zip <b>32724</b>	Zip <b>32180</b>

4. FEI Number <b>59-3357558</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

~~**A.G.C. CO.  
2300 SUN TRUST CENTER  
200 SOUTH ORANGE AVENUE  
ORLANDO FL 32802**~~

7. Name and Address of New Registered Agent

Name **James B. Glidden**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1607 Marty Dr.**  
 City **Pierson FL FL** Zip Code **32180**

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 *James B. Glidden* DATE 2/15/00  
Signature of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <b>GLIDDEN, JAMES B</b> <b>615 WEST TAYLOR ROAD</b> <b>DELAND FL 32720</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Glidden, James B.</b> <b>1607 Marty Dr.</b> <b>Pierson Fla. 32180</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James B. Glidden* DATE 2/15/00 DAYTIME PHONE # 904-749-2224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)