

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852764

1. Entity Name

C. B. PROPERTIES, INC. OF JACKSONVILLE

Principal Place of Business

300 TECHNOLOGY COURT  
SMYRNA GA 30082

Mailing Address

300 TECHNOLOGY COURT  
SMYRNA GA 30082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-registering)

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, 2001 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

TITLE	PASD	<input type="checkbox"/> Delete
NAME	LENKER, MAX V.	
STREET ADDRESS	300 TECHNOLOGY CT.	
CITY-STATE-ZIP	SMYRNA GA	
TITLE	CAC	<input type="checkbox"/> Delete
NAME	BOLCH, CARL, JR	
STREET ADDRESS	300 TECHNOLOGY CT.	
CITY-STATE-ZIP	SMYRNA GA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOLCH, SUSAN BASS	
STREET ADDRESS	300 TECHNOLOGY CT.	
CITY-STATE-ZIP	SMYRNA GA	
TITLE	TCA	<input type="checkbox"/> Delete
NAME	DUMBACHER, ROBERT J.	
STREET ADDRESS	300 TECHNOLOGY CT.	
CITY-STATE-ZIP	SMYRNA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLCH, CARL III	
STREET ADDRESS	300 TECHNOLOGY CT	
CITY-STATE-ZIP	SMYRNA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAN, ALLISON BOLCH	
STREET ADDRESS	300 TECHNOLOGY CT	
CITY-STATE-ZIP	SMYRNA GA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDE P. CEJA	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-STATE-ZIP	SMYRNA GA 30082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer/CFD/Asst. Sec. 4/19/01

Date

Daytime Phone #

1188

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90080 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)