2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90401 015 ***150.00

DOCUMENT # 221782

1. Entity Name

JARDINE MACNEILL, INC.

Principal Place of Business	Mailing Address
~~9690 N.W. 41ST STREET~~ ~~P.O. BOX 52-5100~~ ~~MIAMI FL 33178~~	~~9690 N.W. 41ST STREET~~ ~~P.O. BOX 52-5100~~ ~~MIAMI FLA 33178-2052~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1300 Sawgrass Corporate Pkwy.	P. O. Box 45-9003
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33323 Country: USA	Zip: 33345-9003 Country: USA

4. FEI Number 59-0861097 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROGAN, THOMAS B. ~~9690 NW 41ST ST~~XXX ~~MIAMI FL 33178~~XXXXX	Name Street Address (P.O. Box Number is Not Acceptable): 1300 Sawgrass Corporate Parkway, Suite #300 City: Miami **FL** Zip Code: 33323

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 X _____ 4/18/00
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ROGAN, THOMAS B ~~9690 NW 41ST ST~~XXX ~~MIAMI FL~~XXXXXXXX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1300 Sawgrass Corporate Parkway, Suite 300 Sunrise, FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TORRES, RONALD A 9690 NW 41ST ST MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BULLINGTON, DOUGLAS ~~9690 NW 41ST ST~~XXX ~~MIAMI FL~~XXXXXXXX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1300 Sawgrass Corporate Parkway, Suite 300 Sunrise, FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GERALD, PAMELA 9690 NW 41ST STREET MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FRANCO, MARY M 485 DERON PARK DRIVE, STE. 115 WAYNE PA 19087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X SIGNATURE REQUIRED 4/18/00 954-331-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #