## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 611544** Jul 26, 2000 8:00 am Secretary of State 1. Entity Name THE J.B.D. DEVELOPMENT COMPANY 07-26-2000 90044 048 \*\*\*550.00 Principal Place of Business Mailing Address HARBOUR RIDGE HARBOUR RIDGE P.O. BOX 2451 P.O. BOX 2451 STUART FL 34995 STUART FL 34995 2. Principal Place of Business 3. Mailing Address 1025 SW Martin Downs Blvd. 1025 SW Martin Downs Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #205 #205 Applied For City & State City & State 4. FEI Number 59-1952566 Palm City, FL Palm City, FL Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 34990 34990 USA 6. Name and Address of Current Registered Agent ~7~Name and Address of New Registered Agent Name DODGE, JOHN B Street Address (P.O. Box Number is Not Acceptable) 12772 SW MARINER CT. PALM CITY FL 34990 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F TITLE ST x Change ☐ Addition ☐ Delete SCHULER, JACK C NAME NAME STREET ADDRESS 12770 MARINER CT. STREET ADDRESS 1025 SW Martin Downs Blvd. # 205 City-St-7IP CITY-ST-7IP PALM CITY FL Palm City, FL 34990 Addition TITLE ☐ Delete TITLE Change DODGE, JOHN B NAME NAME STREET ADDRESS 12772 SW MARINER CT. STREET ADDRESS CITY-ST-ZIP PALM CITY FL CITY-ST-ZIP \_ \_\_\_Change\_ -TITLE Delete\_ MCKEY, JOHN D NAME NAME STREET ADDRESS 5016 SE INVERNESS CT. STREET ADDRESS CITY-ST-ZIP PALM CITY FL CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 to supplemental export 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 of trusteelembowered 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.

SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NA

John B. Dodge 7/20/00 (561) 287-1