

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000495**

1. Entity Name

**JBH, LIMITED COMPANY, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 10 PM 1:40

Principal Place of Business

**5821-C LAKE WORTH ROAD  
GREENACRES FL 33463-3209**

Mailing Address

**5821-C LAKE WORTH ROAD  
GREENACRES FL 33463-3209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0588523**

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

~~ALEXANDER, KAREN L ESQ.~~

~~5821-C LAKE WORTH ROAD~~

~~C/O NOBLE MANAGEMENT COMPANY~~

~~GREENACRES FL 33463-3209~~

Name

**Alexandra C. Cook, C.P.A.**

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

**C/O Noble Properties**

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

**Alexandra C. Cook, C.P.A.**

**1/28/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$40.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P92000013479**  
NAME **NOBLE MANAGEMENT COMPANY**  
STREET ADDRESS **5821-C LAKE WORTH ROAD**  
CITY - ST - ZIP **GREENACRES FL 33463-3209**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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**2/17/00**

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**Alexandra C. Cook, C.P.A.**  
**SATIA COOK - Treasurer of Noble Management**

Date

Daytime Phone #

**1/28/00 (561) 966-0070**

CR2E003 (9/99)