

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001795
 1. Entity Name
JERICO GROUP, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

Principal Place of Business
**3000 N. MILITARY TRAIL
 BOCA RATON FL 33431-6375**

Mailing Address
**3000 N. MILITARY TRAIL
 BOCA RATON FL 33431-6321**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0635593** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LAWRENCE B. JURAN, P.A.
 1200 CORPORATE CENTER WAY, SUITE 100
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

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	
DOCUMENT #	P95000089036
NAME	JERICO GROUP, INC.
STREET ADDRESS	3000 N. MILITARY TRAIL
CITY - ST - ZIP	BOCA RATON FL 33431-6375
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
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~~05/26/00-01074-010~~
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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: **LAWRENCE B. JURAN, P.A.** Date: **4/26/00** Daytime Phone #: **501-393-8200**

CR2E003 (9/99)