

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001795

1. Entity Name

JERICO GROUP, LTD.

FILED

01 MAR 26 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3000 N. MILITARY TRAIL
BOCA RATON FL 33431-6375**

Mailing Address

**3000 N. MILITARY TRAIL
BOCA RATON FL 33431-6375**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

**LAWRENCE B. JURAN, P.A.
1200 CORPORATE CENTER WAY, SUITE 100
WELLINGTON FL 33414**

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 _____

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.

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000089036**
NAME **JERICO GROUP, INC.**
STREET ADDRESS **3000 N. MILITARY TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33431-6375**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP _____

STREET ADDRESS

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/22/01

Date

561-393-8200

Daytime Phone #

CR2E003 (11/00)