## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **F99000005041** 1. Entity Name JEFFREY ENTERTAINMENT INC. 03-21-2000 90083 046 \*\*\*158.75 Mailing Address Principal Place of Business 11501 ELLISON WILSON RD. 11501 ELLISON WILSON RD. NORTH PALM BEACH FL 33408-3101 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address 9123 Military Trail 9123 N Military Trail Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #208 #208 City & State 4. FEI Number Applied For City & State 65-0931148 Not Applicable Palm Beach Gardens Palm Beach Gardens, FI Country \$8.75 Additional 33410 5. Certificate of Status Desired USA 33410 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORRIS, DAVID B Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH FL 33408 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. XXChange Addition ☐ Delete TITLE JEFFREY, TIMOTHY J NAME 13441 Sabal Chase 1 OLD FENCE RD. STREET ADDRESS Palm Beach Gardens, FL 33418 CITY-ST-ZIP PALM BEACH GARDENS FL 33418 XX elete TITI F ☐ Change ☐ Addition

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DOLEZAL, PETE L NAME STREET ADDRESS STREET ADDRESS **502 PELICAN LANE** CITY-ST-ZIP CITY-ST-ZIF JUPITER FL 33458 ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

Timothy J Jeffrey

NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2000

561-630-0400

Date

Daytime Phone #