

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13278

1. Entity Name

JBM OF LONGWOOD, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90052 018 ***150.00

Principal Place of Business

390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

Mailing Address

390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801-1683

2. Principal Place of Business

254 DRIGGS DRIVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4249
Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip

32792

Country

USA

City & State

WINTER PARK FL

Zip

32793

Country

USA

4. FEI Number

59-2257202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALLEY, STEPHEN G ESQ.
390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
B & C CORPORATE SERVICES CENTRAL FL, INC
Street Address (P.O. Box Number is Not Acceptable)
390 N. ORANGE AVE
SUITE 1100
City
ORLANDO FL Zip Code
32801

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

Anthony W. Palma

Anthony W. Palma, Vice President

DATE

4/13/00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, JAMES B III 254 DRIGGS DRIVE WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MASON, BETTY 254 DRIGGS DRIVE WINTER PARK FL 32793	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHMIDT, CHERYL 254 DRIGGS DR. WINTER PARK FL 32793	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Schmidt

4/14/2000

407-678-6000

Daytime Phone #

CR2E034 (9/99)