

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13278

1. Entity Name

JBM OF LONGWOOD, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90009 032 ***150.00

0478780

Principal Place of Business

254 DRIGGS DR
WINTER PARK FL 32792
US

Mailing Address

PO BOX 4249
WINTER PARK FL 32793
US

643369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE PURLIEU PLACE

3. Mailing Address

P.O. BOX 4249

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-2257202

Applied For

Not Applicable

Zip

32793

Country

USA

Zip

32793

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES CENTRAL FL, INC.
390 N. ORANGE AVENUE
STE 1100
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BRYAN, JAMES B III	
STREET ADDRESS	254 DRIGGS DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MASON, BETTY	
STREET ADDRESS	254 DRIGGS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SCHMIDT, CHERYL	
STREET ADDRESS	254 DRIGGS DR.	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, JAMES B III	
STREET ADDRESS	P.O. BOX 4249	
CITY-ST-ZIP	WINTER PARK, FL 32793	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LADHA, SHERMIN	
STREET ADDRESS	P.O. BOX 4249	
CITY-ST-ZIP	WINTER PARK, FL 32793	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, CHERYL	
STREET ADDRESS	P.O. BOX 4249	
CITY-ST-ZIP	WINTER PARK, FL 32793	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, PATTI	
STREET ADDRESS	P.O. BOX 4249	
CITY-ST-ZIP	WINTER PARK, FL 32793	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Shermin Ladha

4-19-01

Date

407-672-0330

Daytime Phone #

CR2E034 (10/00)