

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90256 008 ***150.00

DOCUMENT # J46813

1. Entity Name
JBH OF LONGWOOD, INC.

Principal Place of Business

**2800 N HWY 17-92
 LONGWOOD FL 32750**

Mailing Address

**P O BOX 521807
 LONGWOOD FL 32752**

2. Principal Place of Business

ONE PULIEU PLACE

3. Mailing Address

P.O. BOX 4249

Suite, Apt. #, etc.

SUITE #130

Suite, Apt. #, etc.

City & State

WINTER PARK, FL 32793

City & State

WINTER PARK, FL 32793

Zip **32793**

Country **USA**

Zip **32793**

Country **USA**

4. FEI Number **59-2743318**

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

**B&C CORPORATE SVCS. CENTRAL FL., INC.
 390 N. ORANGE AVENUE
 SUITE 2500
 ORLANDO FL 32801**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
 NAME **BRYAN, JAMES B., III**
 STREET ADDRESS **254 DRIGGS DRIVE**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **VD** ☒ Change ☐ Addition
 NAME **BRYAN, JAMES B III**
 STREET ADDRESS **P.O. BOX 4249**
 CITY-ST-ZIP **WINTER PARK, FL 32793**

TITLE **VT** ☒ Delete
 NAME **MASON, BETTY**
 STREET ADDRESS **254 DRIGGS DRIVE**
 CITY-ST-ZIP **WINTER PARK FL 32793**

TITLE **S** ☐ Change ☒ Addition
 NAME **LADHA, SHERMIN**
 STREET ADDRESS **P.O. BOX 4249**
 CITY-ST-ZIP **WINTER PARK, FL 32793**

TITLE **VS** ☐ Delete
 NAME **SCMIDT, CHERYL**
 STREET ADDRESS **254 DRIGGS DRIVE**
 CITY-ST-ZIP **WINTER PARK FL 32793**

TITLE **P** ☒ Change ☐ Addition
 NAME **SCHMIDT, CHERYL**
 STREET ADDRESS **P.O. BOX 4249**
 CITY-ST-ZIP **WINTER PARK, FL 32793**

TITLE **PM** ☒ Delete
 NAME **BRYAN, JAMES B IV**
 STREET ADDRESS **254 DRIGGS DR.**
 CITY-ST-ZIP **WINTER PARK FL 32793**

TITLE **T** ☐ Change ☒ Addition
 NAME **CARROLL, PATTI**
 STREET ADDRESS **P.O. BOX 4249**
 CITY-ST-ZIP **WINTER PARK, FL 32793**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

4-19-01

Daytime Phone #

407-672-0330

CR2E034 (10/00)