

# 2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91419 038 \*\*\*150.00

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**DOCUMENT # K86004**

1. Entity Name

**THE J. T. BUTWIN CORPORATION**



Principal Place of Business

**2424 NORTH FERDEAL HIGHWAY  
SUITE #300  
BOCA RATON FL 33431  
US**

Mailing Address

**787 7TH AVENUE, 49TH FL  
NEW YORK NY 10019**



2. Principal Place of Business

**7700 Congress Avenue**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 3203**

**Boca Raton FL**

City & State

4. FEI Number

**11-2799062**

Applied For

Not Applicable

Zip  
**33487**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BUTWIN, JERMONE A**  
STREET ADDRESS **2424 NORTH FEDERAL HIGHWAY, STE #300**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **T** ☐ Delete  
NAME **MANN, ELIZABETH B**  
STREET ADDRESS **2424 NORTH FERDEAL HIGHWAY #300**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VPD** ☐ Delete  
NAME **BELL, SUZANNE**  
STREET ADDRESS **2424 NORTH FERDEAL HIGHWAY #300**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **S** ☐ Delete  
NAME **BUTWIN, FRANCINE**  
STREET ADDRESS **2424 NORTH FERDEAL HIGHWAY #300**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VPAS** ☐ Delete  
NAME **HAMMOND, DOUGLAS W**  
STREET ADDRESS **787 7TH AVENUE, 49TH FL**  
CITY-ST-ZIP **NEW YORK NY 10119**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7700 Congress Ave, #3203**  
CITY-ST-ZIP **Boca Raton FL 33487**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7700 Congress Ave, #3203**  
CITY-ST-ZIP **Boca Raton FL 33487**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7700 Congress Ave, #3203**  
CITY-ST-ZIP **Boca Raton FL 33487**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7700 Congress Ave, #3203**  
CITY-ST-ZIP **Boca Raton FL 33487**

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

TITLE ☐ Change ☒ Addition  
NAME **VP Lori M. Lieser**  
STREET ADDRESS **500 W. Madison, Suite 3650**  
CITY-ST-ZIP **Chicago, IL 60666**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**LORI M. LIESER**

**4/22/03**

**312-985-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)