

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90269 024 ****50.00

DOCUMENT # L00000006759

1. Entity Name

JVB FINANCIAL GROUP., L.L.C.

Principal Place of Business

**3785 N. FEDERAL HWY., STE. 100
 BOCA RATON FL 33431**

Mailing Address

**3785 N. FEDERAL HWY., STE. 100
 BOCA RATON FL 33431**

967221

2. Principal Place of Business

3785 N. Federal Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, Florida

City & State

City & State

Zip

33431

Country

USA

Zip

Country

Country

4. FEI Number

65-1019430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STILLMAN, L. VAN
 LAW OFFICE OF L. VAN STILLMAN PA
 1177 GEORGE BUSH BLVD SUITE 308
 DELRAY BEACH FL 33483**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **P** ☐ Delete
 NAME **BUTKEVITS, VINCENT W**
 STREET ADDRESS **3785 N. FEDERAL HWY.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **ST** ☐ Delete
 NAME **FERRY, JAMES K**
 STREET ADDRESS **3785 N. FEDERAL HWY.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **O** ☒ Delete
 NAME **LEATHERS, JERRELL W**
 STREET ADDRESS **3785 N. FEDERAL HWY.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-19-02

(561) 416-5876

CR2E083 (9/01)