

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04322

1. Entity Name  
JCB CENTRAL PARK, INC.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90019 016 \*\*\*150.00

Principal Place of Business  
3910 RCA BLVD  
SUITE 1011  
PALM BEACH GARDENS FL 33410  
US

Mailing Address  
3910 RCA BLVD  
SUITE 1011  
PALM BEACH GARDENS FL 33410  
US

2. Principal Place of Business

4600 EAST PARK DR.

3. Mailing Address

4600 EAST PARK DR.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0138933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BILLS, JOHN C.  
3910 RCA BLVD  
SUITE 1011  
PALM BEACH GARDENS FL 33410

## 7. Name and Address of New Registered Agent

Name GARY, JOHN W. III

Street Address (P.O. Box Number is Not Acceptable)  
701 U.S. HWY ONE

SUITE 402

City NORTH PALM BEACH

FL

Zip Code 33408

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

3/28/2001

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 PD  
NAME BILLS, JOHN C.  
STREET ADDRESS 3910 RCA BLVD., SUITE 1011  
CITY-ST-ZIP PALM BCH GARDENS FL ☐ Delete

TITLE VP  
NAME GRIFFIN, JAMES E  
STREET ADDRESS 3910 RCA BLVD, SUITE 1011  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 4600 EAST PARK DR, #201  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 4600 EAST PARK DR, #201  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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

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

TITLE ☐ Change ☐ Addition  
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

Date

Daytime Phone #

1-26-01 561-627-4000

CR2E034 (10/00)