

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90132 002 ****50.00

DOCUMENT # L99000001047

1. Entity Name

JCB CAPITAL GROUP, LLC

Principal Place of Business

**7100 WEST CAMINO REAL BLVD., STE. 206
 BOCA RATON FL 33433**

Mailing Address

**7100 WEST CAMINO REAL BLVD., STE. 206
 BOCA RATON FL 33433**

2. Principal Place of Business

#208 20283 State Rd 7

3. Mailing Address

20283 State Rd 7

Suite, Apt. #, etc.

#C27

Suite, Apt. #, etc.

#C27

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33498

Country

Palm Beach

Zip

33498

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0899412

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

PROVENZANO, GARY

**7100 WEST CAMINO REAL BLVD., STE. 206
 BOCA RATON FL 33433**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PROVENZANO, GARY
 7100 WEST CAMINO REAL BLVD., STE. 206
 BOCA RATON FL 33433** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**20283 State Rd 7 #C27
 Boca Raton, FL 33498** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 SHEETZ, SCOTT
 7100 WEST CAMINO REAL BLVD., STE. 206
 BOCA RATON FL 33433** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**20283 State Rd 7 #C27
 Boca Raton, FL 33498** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED
Scott Sheetz

4/15/02

561-237-8877

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

Date

Daytime Phone #

CR2E083 (9/01)