

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90093 013 ***150.00

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DOCUMENT # M60489

1. Entity Name
TEMPLE COURT GP, INC.



Principal Place of Business
**701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131
US**

Mailing Address
**701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131
US**



2. Principal Place of Business
c/o Bernard Jacobson

3. Mailing Address
c/o Bernard Jacobson

Suite, Apt. #, etc.
One S.E. Third Ave., 2800

Suite, Apt. #, etc.
One S.E. Third Ave., 2800

City & State
Miami, FL 33131

City & State
Miami, FL 33131

4. FEI Number
65-0040713

Applied For
☐ Not Applicable

Zip Country

Zip Country

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

**JACOBSON, BERNARD
701 BRICKELL AVENUE
SUITE 3000
MAIMI FL 33131**

Name
c/o Bernard Jacobson
Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Avenue, Suite 2800
City
Miami **FL** **33131**

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

(NOTE: Registered Agent signature required when reinstating)

4/8/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **JACOBSON, BERNARD**
STREET ADDRESS **701 BRICKELL AVENUE, SUITE 3000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PDS** ☐ Change ☐ Addition
NAME **Jacobson, Bernard**
STREET ADDRESS **One S.E. Third Ave., Ste. 2800**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

Bernard Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 305-982-5655
Date Daytime Phone #

CR2E034 (10/02)