

2000 UNIFORM BUSINESS REPORT (UBR)

0032890

DOCUMENT # M81628

1. Entity Name

BOCA BAY PROPERTIES, INC.

FILED

00 MAR 23 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

500 WATER ST
JACKSONVILLE FL 32202
US

500 WATER ST
S/C J-160
JACKSONVILLE FL 32202-4423
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0087754

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME BECK, S D
STREET ADDRESS 301 W BAY ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE P D ☐ Change ☒ Addition
NAME S. A. Crosby
STREET ADDRESS 301 W. Bay Street, Jacksonville, FL 32202
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME FAVORITE, F J
STREET ADDRESS 500 WATER ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME G. M. Spiegel
STREET ADDRESS 500 Water Street, Jacksonville, FL 32202
CITY-ST-ZIP

TITLE VPCS ☐ Delete
NAME AFTOORA, P J
STREET ADDRESS 500 WATER ST
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VP ☐ Delete
NAME HOOD, R M
STREET ADDRESS 301 WATER ST
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VP ☐ Delete
NAME MCKINNEY, P B
STREET ADDRESS 635 BOCA BAY DR
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE T ☐ Delete
NAME BOOR, D A
STREET ADDRESS 500 WATER ST
CITY-ST-ZIP JACKSONVILLE FL

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:

Patricia J. Aftoora

Patricia J. Aftoora, Vice-President 3/17/2000 904-366-4271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #