

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M81628**

1. Entity Name

BOCA BAY PROPERTIES, INC.**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90036 030 ***150.00

Principal Place of Business

**500 WATER ST
JACKSONVILLE FL 32202
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
NAME	CROSBY, S.A.	
STREET ADDRESS	301 W BAY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAVORITE, F J	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPCS	<input type="checkbox"/> Delete
NAME	AFTOORA, P J	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOOD, R M	
STREET ADDRESS	301 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKINNEY, P B	
STREET ADDRESS	635 BOCA BAY DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOOR, D A	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Patricia J. Aftoora, Vice-President

Date

Daytime Phone #

904-366-4242

01/22/2001

CR2E034 (10/00)