2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 24, 2002 8:00 am Secretary of State **DOCUMENT # N42680** 1. Entity Name -THE JEANETTE MCCORMACK REFUGE, INC. 01-24-2002 90320 001 ****61.25 01-24-2002 90320 002 *****8.75 Principal Place of Business Mailing Address 8957 NORTH ELIZABETH AVENUE JEZ NORTH ELIZABETH AVENUE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0338320 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SANDER, JOANNA MCCORMACK **9957 NORTH ELIZABETH AVENUE** PALM BEACH GARDENS FL 33418 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Change Addition TITLE TITLE Sander MCCAUGHEY, JUAN NAME NAME STREET ADDRESS 8843 N. ELIZABETH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARD. FL 33418 SD: Delete TITLE ☐ Addition TITLE RHODES, SEAN NAME NAME 253 COSTELLO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP Change ... ☐ Addition TD □ Delete TITLE SANDER, JOANNA M. NAME NAME STREET ADDRESS STREET ADDRESS 8957 N. ELIZABETH AVE. CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418-6121 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Report Mind The con-CITY-ST-ZIP CITY-ST-ZIF FOOTS FINANCE Change ☐ Addition TITLE ☐ Delete NAME 017 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 these empowered execute this report as required by Chapter 617, 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.