DIL DD

DOCUMENT # N9800004040 1. Entity Name JUBILEE/COURTYARDS, INC. Principal Place of Business Mailing Address 742 NW 12TH AVENUE MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address					Jan 31, 2001 8:00 am Secretary of State 01-31-2001 90097 045 ****61.25				
1800 SW 1st Street Suite, Apt. #, etc. # 206		1800 SW 1st Street Suite, Apt. #, etc. # 206			DO NOT WRITE IN THIS SPACE				
City & State Miam: Flovida Zin Country		City & State Miami, Florida Zio Country			4. FEI Number	91-1920948	\$9.75 Add	plied For t Applicable	
731		33/35	USA	1		f Status Desired	Fee Require		
Name									
GUDORF, FRANCIS V			Street A	Street Address (P.O. Box Number is Not Acceptable)					
742 NW 12TH AVENUE MIAMI FL 33136				Suife 206					
			City	l ram	ξ	F	L Zip Code	175	
FILE NOW: 9. Election Campaign F FEE IS \$61.25 Trust Fund Contributi			tion.	\$5.00 Added t	May Be to Fees	Departme	k Payable to		
TITLE	OFFICERS AND DIRE	ECTORS Delete	11. TITLE	Al	DDITIONS/CHAI	NGES TO OFFICERS AND	DIRECTORS IN Change	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, ROBERT A 2701 LEJENNE RD STE 325 CORAL GABLES FL 33146	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Mar 1801	thas.	Tabio + street	_ ,	X , 100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GUDORF, FRANCIS V 742.NW_12TH_AVENUE MIAMI FL 33136	☐ Delete	TITLE NAMESTREET ADDRESS CHY-ST-ZIP	180	0-5W/	st Street, H	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, DOUGLAS R 742 NW 12TH AVENUE MIAMI FL 33136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	180 Min.	0 SW 1.	st Street,# rtda 3317	Change F 06	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	

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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/01 305-649-1553 Date Daytime Phone #