

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004347

1. Entity Name

JUBILEE/CENTENNIAL, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90008 002 \*\*\*\*70.00

Principal Place of Business

742 NW 12TH AVENUE  
MIAMI FL 33136

Mailing Address

742 NW 12TH AVENUE  
MIAMI FL 33136-3612

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

65-0852761

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

GUDORF, FRANCIS V  
742 NW 12TH AVENUE  
MIAMI FL 33136

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DP~~ ☒ Delete  
NAME ~~MASVIDAL, RAUL~~  
STREET ADDRESS 1401 PONCE DE LEON BLVD., #300  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ~~DP~~ ☐ Change ☒ Addition  
NAME Robert A. Chambers  
STREET ADDRESS 2701 Le Jeune Road, Suite 325  
CITY-ST-ZIP Coral Gables, Florida 33146

TITLE DVST ☐ Delete  
NAME GUDORF, FRANCIS V  
STREET ADDRESS 742 NW 12TH AVENUE  
CITY-ST-ZIP MIAMI FL 33136

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

TITLE D ☐ Delete  
NAME MAYER, DOUGLAS R  
STREET ADDRESS 742 NW 12TH AVENUE  
CITY-ST-ZIP MIAMI FL 33136

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Francis V. Gudorf*  
Director / VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2000

705-326-8900  
Daytime Phone #