

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90032 007 ****70.00

DOCUMENT # N99000000439

1. Entity Name

~~JUBILEE WILLOW CREEK, INC.~~
Jubilee BDM, Inc.

Principal Place of Business

Mailing Address

742 N.W. 12TH AVE.
MIAMI FL 33136

742 N.W. 12TH AVE.
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

65-0890512

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GUDORF, FRANCIS V ED
JUBILEE COMMUNITY DEVELOPMENT CORPORATION
742 N.W. 12TH AVE.
MIAMI FL 33136

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

TITLE **D** ☒ Delete
NAME **MASVIDAL, RAUL**
STREET ADDRESS **1401 PONCE DE LEON BLVD., STE. 402**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete
NAME **MAYER, DOUGLAS R**
STREET ADDRESS **742 N.W. 12TH AVE.**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D** ☐ Delete
NAME **GUDORF, FRANCIS V**
STREET ADDRESS **742 N.W. 12TH AVE.**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D P** ☐ Change ☐ Addition
NAME **Robert A. Chambers**
STREET ADDRESS **2701 LeJeune Road, Suite 725**
CITY-ST-ZIP **Coral Gables, FL 33146**

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

TITLE **VST** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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

1-24-00

705-726-8900

Date

Daytime Phone #