

4/4/1

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90020 006 \*\*\*150.00

**DOCUMENT # P00000054736**

1. Entity Name

BC JAX GP, INC.

Principal Place of Business

100 E. SYBELIA AVE., SUITE 225  
MAITLAND FL 32751

Mailing Address

100 E. SYBELIA AVE., SUITE 225  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3683196

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAGLE, MARC L  
100 E. SYBELIA AVE., SUITE 225  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Hagles, Marc L

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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D P	<input type="checkbox"/> Delete
NAME	HAGLE, MARC L	
STREET ADDRESS	100 E. SYBELIA AVE., SUITE 225	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	D U P T	<input type="checkbox"/> Delete
NAME	KRUMM, WALTER T	
STREET ADDRESS	100 E. SYBELIA AVE., SUITE 225	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
-------	----------------------	------------------------------------------------------------------------------

NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT, TREASURER	<input type="checkbox"/> Change <input checked="" 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		

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

Date

Daytime Phone #

CR2E034 (10/00)