

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
05-13-2002 90075 028 \*\*\*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 & State

City & 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

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**TITLE** DP ☐ Delete  
**NAME** HAGLE, MARC L  
**STREET ADDRESS** 100 E. SYBELIA AVE., SUITE 225  
**CITY-ST-ZIP** MAITLAND FL 32751

**TITLE** VT ☐ Delete  
**NAME** KRUMM, WALTER T  
**STREET ADDRESS** 100 E. SYBELIA AVE., SUITE 225  
**CITY-ST-ZIP** MAITLAND FL 32751

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

407-629-2040

Daytime Phone #

CR2E034 (9/01)