

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90084 013 \*\*\*150.00

**DOCUMENT # P00000056410**

1. Entity Name  
**JVB FINANCIAL, INC.**

Principal Place of Business  
 1177 GEORGE BUSH BLVD.  
 SUITE 308  
 DELRAY BEACH FL 33483

Mailing Address  
 1177 GEORGE BUSH BLVD.  
 SUITE 308  
 DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

*3785 N. FEDERAL Highway*  
 Suite, Apt. #, etc.  
*Suite 100*

*3785 N. FEDERAL Highway*  
 Suite, Apt. #, etc.  
*Suite 100*

City & State  
*BOCA RATON, FL 33431*  
 Zip  
*33431* Country  
*USA*

City & State  
*BOCA RATON, FL*  
 Zip  
*33431* Country  
*USA*

4. FEI Number

*65-1016907*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STILLMAN, L. VAN**  
 1177 GEORGE BUSH BLVD.  
 SUITE 308  
 DELRAY BEACH FL 33483

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, 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 ☐ 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

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  
*PRESIDENT*  
*Vincent W. Butkevits*  
*3785 N. FEDERAL HIGHWAY*  
*BOCA RATON, FL 33431*

TITLE ☐ Change ☒ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*SECRETARY/TREASURER*  
*JAMES K. FERRY*  
*3785 N. FEDERAL HIGHWAY*  
*BOCA RATON, FL 33431*

TITLE ☐ Change ☒ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*OFFICER*  
*JERRELL W. LEATHERS*  
*3785 N. FEDERAL HIGHWAY*  
*BOCA RATON, FL 33431*

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

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

*4-20-01*  
 Date

*(561) 416-5876*  
 Daytime Phone #

CR2E034 (10/00)