

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90200 039 ***150.00

DOCUMENT # P00000088957

1. Entity Name
J.W. FAMILY ENTERPRISES, INC.

Principal Place of Business
1500 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address
1500 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060

00010414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1301 E. Atlantic Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
1301 E. Atlantic Blvd.
 Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33060

Country
USA

Zip
33060

Country
USA

4. FEI Number
65-1064878

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OATES, DANIEL E ESQ.
1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH FL 33060-6769

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 DPT	<input type="checkbox"/> Delete
NAME JOHN T. Winter	
STREET ADDRESS 1301 E ATLANTIC BLVD.	
CITY-ST-ZIP POMPANO BEACH, FL, 33060	
TITLE D SVP	<input type="checkbox"/> Delete
NAME JANICE T. Winter	
STREET ADDRESS 1301 E ATLANTIC BLVD.	
CITY-ST-ZIP POMPANO BEACH, FL, 33060	
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	<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	
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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01
 Date

(954) 946-2682
 Daytime Phone #

CR2E034 (10/00)