

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 013 ***150.00

DOCUMENT # **PO1000013378**

1. Entity Name

JORDYN TAYLOR PROPERTIES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

203 ROYAL POINCIANA WAY

3. Mailing Address

203 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

65-1090109

Applied For

Not Applicable

Zip

33480

Country

Zip

33480

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **TERRY McMANUS**

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

1900 OKEECHOBEE BLVD STE C-1

City **WEST PALM BEACH**

FL

Zip Code

33409

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 15 - May 15 Fees \$150.00
April 15 - February 15 \$550.00
Amended UBRs \$6.25
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
NAME	TERRY McMANUS
STREET ADDRESS	1900 OKEECHOBEE BLVD STE C1
CITY - ST - ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	WILLIAM H LUCKMAN
STREET ADDRESS	1900 OKEECHOBEE BLVD STE C1
CITY - ST - ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	DAVID GARRICK JR
STREET ADDRESS	1900 OKEECHOBEE BLVD STE C1
CITY - ST - ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	PEGGY A LUCKMAN
STREET ADDRESS	1900 OKEECHOBEE BLVD STE C1
CITY - ST - ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02 **561 655-9191**

Daytime Phone #

CR2E034B (12/01)