## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # P21938** 1. Entity Name JERBO HOLDINGS I, INC. 02-01-2001 90157 016 \*\*\*150.00 Principal Place of Business Mailing Address 1725 SIDEWINDER DR 1725 SIDEWINDER DR SUITE 1000 SUITE 1000 PARK CITY UT 84060 PARK CITY UT 84060 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-3617004 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD ☐ Change ☐ Addition TITLE ☐ Delete REINSDORF, JERRY M. NAME NAME STREET ADDRESS 1725 SIDEWINDER DR., SUITE 1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARK CITY UT 84060 Change ☐ Delete TITLE ☐ Addition TITLE JUDELSON, ROBERT A. NAME NAME 1725 SIDEWINDER DR., SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARK CITY UT 84060 AS-☐ Addition TITLE Delete TITLE PENNER, GERALD M. NAME NAME STREET ADDRESS 525 WEST MONROE ST.#1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 ☐ Change ☐ Addition ☐ Delete TITI F TITLE CHANESS, LARRY NAME NAME STREET ADDRESS 1725 SIDEWINDER DR., SUITE 1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARK CITY UT 84060 Addition ☐ Change TIT! F ☐ Delete TITLE James O'Brien 1725 Sidewinden Dr. Suite 1000 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS 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

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPE

SIGNATURE: