

# 2000 UNIFORM BUSINESS REPORT (UBR)

0400071

APPROVED  
AND  
FILED

00 MAR 31 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P36922**

1. Entity Name  
**JAFFA ROAD (FLORIDA) MANAGEMENT INC.**

Principal Place of Business  
**100 E MADISON  
TAMPA FL 33602  
US**

Mailing Address  
**C/O J. BOB HUMPHRIES. ESO.  
P.O. BOX 1438  
TAMPA FL 33601-1438**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3149602</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>HUMPHRIES, BOB J ESO FOWLER, WHITE, GILLEN, ET AL 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PST</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JACOBS, FRANK</b>			NAME			
STREET ADDRESS	<b>161 BAY STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TORONTO, CANADA</b>			CITY-ST-ZIP			
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MACARTHUR, HUGH A</b>			NAME			
STREET ADDRESS	<b>205 N. MARION STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			CITY-ST-ZIP			
TITLE	<b>AS</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUMPHRIES, BOB J</b>			NAME			
STREET ADDRESS	<b>501 E. KENNEDY BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			CITY-ST-ZIP			
TITLE	<b>CD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JACOBS, FRANK</b>			NAME			
STREET ADDRESS	<b>161 BAY STREET, BCE PL.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TORONTO, ONT., CANADA</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **J. Bob Humphries**

Date: **1/20/00** Daytime Phone #: **(813) 222-1173**

CR2E034 (9/99)