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**FILED** 

Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90621 043 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P93000048405 **DOCUMENT #**

1. Entity Name

THE J.H.	KATZ INV	ESTMENT COF	RPORATIC	)N ·								
Principal Place of Business 3100 SOUTH OCEAN BLVD. P705-S PALM BEACH FL 33480 US			3100 S P705-S	Mailing Address 3100 SOUTH OCEAN BLVD P705-S PALM BEACH FL 33480 US								
2. Principal Place of Business				3. Mailing Address						<u> </u>		UDIRI DIN 1061
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FE	Number <b>65-0425607</b>		<del></del>	pplied For ot Applicable
Zip				Zip Coun				5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current R				egistered Agent				7. Na	me and Address of New R	egistered /	Agent	
CEVTON, DAVID N									<del></del>			
SEXTON, DAVID N BOND, SCHOENECK & KING				Street Address			ldress (P.	O. Box	Number is Not Acceptable	)		
1167 THIRD STREET SOUTH				•								1
NAPLES FL 33940								FL Zip Code				
the obligat	e named entity s tions of register		t for the purpo	ose of changing its	registere	d office or	registere	d agen	it, or both, in the State of Flo	rida. I am f	familiar with,	and accept
SIGNATURE	Signature, typed or	printed name of registered age	ent and title if appli	içable. (NOTE	Registered	Agent signatur	e required w	hen reins	tating)	DATE		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of									Election Campaign Fin     Trust Fund Contribution			0 May Be d to Fees
10. OFFICERS AND			ID DIRECTOR	DIRECTORS 11.				ADDI	TIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KATZ, JEFF 3100 SOUTI PALM BEAC	H OCEAN BLVD., P	705-S	☐ Delete	1						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Delete		i					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete -		- 1	- <del>-</del> .				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE	T ADDRESS					☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP