## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # P94000014028 Apr 20, 2000 8:00 am Secretary of State JMB FINANCIAL GROUP, INC. 04-20-2000 90054 048 \*\*\*150.00 Mailing Address Principal Place of Business 1155 S. SEMORAN BLVD., STE. 1141 1155 S. SEMORAN BLVD STE. 1141 WINTER PARK EL-82792 WINTER PARK FL 32792-5505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 4. FEI Number Applied For City & State City & State 59-3226382 Not Applicable Zip 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\_\_ BASS, JAMES M Street Address (P.O. Box Number is Not Acceptable) 1155 S. SEMORAN BLVD\_STE: 114T WINTER PARK FL 32792 SPRINGS 8. The above named entity submits this statement for the propose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agen FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BASS, JAMES M NAME NAME 776 BEAR CREEK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE BASS, EUNICE H NAME 776 BEAR CREEK CIRCLE STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.

FORES M. BASS 4-14-2000 407-767-7800