

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091972

1. Entity Name

J.D.G. LEASING-PHASE II, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90056 019 \*\*\*150.00

Principal Place of Business

5180 W. ATLANTIC AVE.  
DELRAY BCH. FL 33445

Mailing Address

5180 W. ATLANTIC AVE.  
DELRAY BCH. FL 33484-8131

2. Principal Place of Business

959 PONDELLA ROAD

3. Mailing Address

127 BAREFOOT COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N.FT. MYERS, FL

City & State

HYPOLOUXO, FL

4. FEI Number

65-0625011

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33462

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

Name

MICHAEL G. PARK, ESQ.

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

127 BAREFOOT COVE

City

HYPOLOUXO

FL

Zip Code

33462

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-3-00

DATE

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 P  
NAME GOLDSTEIN, JON D  
STREET ADDRESS 5180 W. ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH. FL 33445 ☐ Delete

TITLE P/T/D  
NAME GOLDSTEIN, JON D  
STREET ADDRESS 127 BAREFOOT COVE  
CITY-ST-ZIP HYPOLOUXO, FL 33462 ☒ Change ☐ Addition

TITLE VP  
NAME GOLDSTEIN, SHERI  
STREET ADDRESS 127 BAREFOOT COVE  
CITY-ST-ZIP HYPOLOUXO FL 33462 ☒ Delete

TITLE VP/S  
NAME PARK, MICHAEL  
STREET ADDRESS 127 BAREFOOT COVE  
CITY-ST-ZIP HYPOLOUXO, FL 33462 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

Date

561-582-4434

Daytime Phone #

CR2E034 (9/99)