

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000248

1. Entity Name

JBG CORPORATION OF CENTRAL FLORIDA

Principal Place of Business

2231 S WOODLAND BLVD  
DELAND FL 32724

Mailing Address

1617 JUNO TRAIL  
ASTON FL 32102

**ASTOR**

2. Principal Place of Business

55406 Hugh Dr.

Suite, Apt. #, etc.

3. Mailing Address

1617 Juno Trail

Suite, Apt. #, etc.

City & State

Astor Fla.

City & State

Astor Fla.

Zip

32102

Country

USA

Zip

32102

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3357558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLIDDEN, JAMES B

1607 MARTY DR 1617 JUNO TRAIL  
RIERSON FL 32100 ASTOR, FL 32102

7. Name and Address of New Registered Agent

Name

James B. Glidden

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

1617 Juno Trail

City

Astor Fla. FL 32102

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

*James B. Glidden*

James B. Glidden 03/01/01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
GLIDDEN, JAMES B  
1607 MARTY DR 1617 JUNO TRAIL  
RIERSON FL 32100 ASTOR, FL 32102

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC/TREAS.  
JOAN GLIDDEN  
1617 JUNO TRAIL  
ASTOR, FL 32102

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres.  
Glidden James B  
1617 Juno Trail  
Astor, Fla. 32102

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sec/Treas  
Glidden Joan M  
1617 Juno Trail  
Astor Fla. 32102

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James B. Glidden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/01

Date

904-749-0814

Daytime Phone #