2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P96000091978 1. Entity Name JGD PROPERTIES, INC. 04-18-2000 90230 003 ***150.00 Mailing Address Principal Place of Business 1823 CYPRESS GARDENS BLVD 1823 CYPRESS GARDENS BLVD WINTER HAVEN FL 33884-1959 WINTER HAVEN FL 33884 OFOUFF 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0711233 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1823 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884-1959 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 🔀 Change D TITLE ☐ Addition ☐ Delete TITLE GALLAGHER, John J JC GALLAGHER, JOHN J JR NAME NAME 117 E. Lake Roy Dr. STREET ADDRESS STREET ADDRESS 16 ARROW STREET CITY-ST-ZIP Winter Haven FL CITY-ST-ZIP MIDDLETON MA 01949 Delete TITI F ☐ Change Addition TITLE DAVIS, COLLEEN NAME NAME STREET ADDRESS 1823 CYPRESS GARDENS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Change Addition ☐ Delete TITLE TITLE DAVIS, MICHAEL NAME NAME 1823 CYPRESS GARDENS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 filling 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 of 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 indicated on this report or supplem of the corporation or the receiver of changed, or on an attachment with address, with all other like en powered.