

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State
 08-17-2000 90107 044 ***550.00

DOCUMENT # P96000100094

1. Entity Name

JENSEN BEACH JBTP-I, FLORIDA, INC.

Principal Place of Business

5607 NW 38TH AVE
 BOCA RATON FL 33496
 US

Mailing Address

5607 NW 38TH AVE
 BOCA RATON FL 33496
 US

2. Principal Place of Business

1801 NE FOURTH STREET

Suite, Apt. #, etc.

200 SUITE 200

BOYNTON BEACH, FL

Zip
 33435

Country
 USA

3. Mailing Address

1801 NE FOURTH STREET

Suite, Apt. #, etc.

200 SUITE 200

BOYNTON BEACH, FL

Zip
 33435

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0849675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **DPST** **Leiderman, Esther** ☐ Delete
 NAME **MEYERS, ESTHER**
 STREET ADDRESS **4200 NW 64TH DR**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **S** ☐ Delete
 NAME **ALLEN, DANIEL E**
 STREET ADDRESS **5607 NW 38TH AVE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)