

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
 05-29-2001 90001 025 ***158.75

DOCUMENT # P96000100726

1. Entity Name
 JCG Management Associates, Inc.

Principal Place of Business

190 WILSON BLVD N
 NAPLES FL 34120 US

Mailing Address

190 WILSON BLVD N
 NAPLES FL 34120

2. Principal Place of Business
 3838 TAMiami TRAIL N THIRD FLOOR

3. Mailing Address
 190 WILSON BLVD N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 NAPLES, FLORIDA

City & State
 NAPLES, FLORIDA

4. FEI Number

593422335

Applied For

Not Applicable

Zip 34103

Country

Zip

34120-2073

Country

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jennifer L. Whitelaw
 Law Offices of Jennifer L. Whitelaw
 3838 Tamiami Trail North, Suite 310
 Naples, Florida 34103

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P/D
STREET ADDRESS JOHN C. GREAVES
CITY-ST-ZIP 190 WILSON BLVD N
 NAPLES FL 34120 US

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NAPLES FL 34120-2073

TITLE ☐ Delete
NAME S
STREET ADDRESS SANDRA GREAVES
CITY-ST-ZIP 190 WILSON BLVD N
 NAPLES FL 34120 US

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NAPLES FL 34120-2073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Sandra M. Greaves
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-01 941-352-8771

CR2E034 (11/00)