**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## Mar $05, \overline{2001}, 8:00$ am DOCUMENT # P97000016160 **Secretary of State** 1. Entity Name JBS ADVISORS, INC. 03-05-2001 90332 010 \*\*\*150.00 Principal Place of Business Mailing Address 1900 SUMMIT TOWER BLVD 215 NORTH EOLA DRIVE 00030591 SUITE 450 ORLANDO FL 21801 ORLANDO FL 32810 -US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3433993 Not Applicable Zip Country Country Zip \$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 CLIFFORD, W. MICHAEL ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Addition TITLE Delete TITLE ☐ Change JAWORSKI, DAN NAME NAME STREET ADDRESS STREET ADDRESS 1900 SUMMIT TOWER BLVD, SUITE 450 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 THE DVPS □ Delete Change ☐ Addition NAME SALAS, PABLO NAME STREET ADDRESS 1900 SUMMIT TOWER BLVD, SUITE 450 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 DVPT ☐ Delete [ ] Change ☐ Additiga-TITLE NAME BURROW, RYAN STREET ADDRESS 1900 SUMMIT TOWER BLVD, SUITE 450 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ORLANDO FL 32810 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE TITLE ■ Addition Change NAME AME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

2/28/01