

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90364 010 \*\*\*150.00

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**DOCUMENT # P97000016160**

1. Entity Name

**JBS ADVISORS, INC.**

Principal Place of Business

**1900 SUMMIT TOWER BLVD  
 SUITE 450  
 ORLANDO FL 32810  
 US**

Mailing Address

**215 NORTH EOLA DRIVE  
 ORLANDO FL 21801**

2. Principal Place of Business

3. Mailing Address

**301 E. Pine Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1400**

City & State

City & State

**Orlando FL**

Zip

Country

Zip

**32802**

Country

**USA**

4. FEI Number

**59-3433993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLIFFORD, W. MICHAEL ESQUIRE**

**215 NORTH EOLA DRIVE  
 ORLANDO FL 32801**

Name

**CLIFFORD W. MICHAEL ESQUIRE**

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

**301 E. PINE STREET**

**SUITE 1400**

City

**ORLANDO**

**FL**

Zip Code

**32802**

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

*W Michael Clifford*

**W. Michael Clifford**

**4/2/02**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	JAWORSKI, DAN	1900 SUMMIT TOWER BLVD, SUITE 450 ORLANDO FL 32810				
	DVPS	SALAS, PABLO	1900 SUMMIT TOWER BLVD, SUITE 450 ORLANDO FL 32810				
	DVPT	BURROW, RYAN	1900 SUMMIT TOWER BLVD, SUITE 450 ORLANDO FL 32810				

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:

*Ryan R Burrow*

**3/25/02**

**(407) 660-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)