

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043538

1. Entity Name

JDG LEASING - PHASE IV, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90060 044 ***150.00

Principal Place of Business

5190 W. ATLANTIC AVENUE
DELRAY BEACH FL 33484

Mailing Address

5190 W. ATLANTIC AVENUE
DELRAY BEACH FL 33484-8131

2. Principal Place of Business

3006 S. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

127 BAREFOOT COVE

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

HYPOLUXO, FL

Zip

34982

Country

USA

Zip

33462

Country

USA

4. FEI Number

65-0770708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARK, MICHAEL G ESQ.
STROOK & STROOK & LAVAN LLP
200 S. BISCAYNE BLVD., STE. 3300
MIAMI FL 33131-2385

7. Name and Address of New Registered Agent

Name

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

127 BAREFOOT COVE

City

HYPOLUXO

FL

Zip Code

33462

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

2-3-00

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN, JON D 5180 W ATLANTIC AVE DELRAY BCH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSTEIN, STEVEN 125 BAREFOOT COVE HYPOLUXO FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP/T 127 BAREFOOT COVE HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S PARK, MICHAEL G. 127 BAREFOOT COVE HYPOLUXO, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X SIGNATURE OF JON GOLDSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

Date

561-582-4434

Daytime Phone #

CR2E034 (9/99)