

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000018527****1. Entity Name**
JCH HOLDINGS, INC.**Principal Place of Business**

700 UNIVERSE BOULEVARD

JUNO BEACH
33408

FL

Mailing Address

700 UNIVERSE BOULEVARD

JUNO BEACH
33408

FL

2. Principal Place of Business

700 UNIVERSE BOULEVARD

3. Mailing Address

700 UNIVERSE BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: DENNIS P. COYLE

DO NOT WRITE IN THIS SPACE

City & State

JUNO BEACH

FL

City & State

JUNO BEACH

FL

4. FEI Number

Applied For

☒ Not ApplicableZip
33408Country
USZip
33408Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**LEON J E
9250 WEST FLAGLER STREETMIAMI FL
33174 US**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)

03/15/2000

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☐ Delete
NAME SCHULTZ ALEXANDER
STREET ADDRESS 700 UNIVERSE BOULEVARD
CITY-ST-ZIP JUNO BEACH FL 33408TITLE D ☒ Change ☐ Addition
NAME SCHULTZ ALEXANDER
STREET ADDRESS 700 UNIVERSE BOULEVARD
CITY-ST-ZIP JUNO BEACH FL 33408TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:** ALEXANDER SCHULTZ

D 03/15/2000