

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019554

1. Entity Name

JDG MANAGEMENT CONSULTING, INC.

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

03-15-2000 90060 006 \*\*\*150.00

Principal Place of Business

5190 W ATLANTIC AVE  
DELRAY BEACH FL 33484

Mailing Address

5190 W ATLANTIC AVE  
DELRAY BEACH FL 33484-8131

2. Principal Place of Business

127 BAREFOOT COVE

Suite, Apt. #, etc.

3. Mailing Address

127 BAREFOOT COVE

Suite, Apt. #, etc.

City & State

HYPOLUXO, FL

City & State

HYPOLUXO, FL

Zip

33462

Country

USA

Zip

33462

Country

USA

4. FEI Number

65-0819613

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.  
STROOCK & STROOCK & 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 P ☐ Delete  
NAME GOLDENSTEIN, JON D  
STREET ADDRESS 5961 NE 2ND AVE #202  
CITY-ST-ZIP BOCA RATON FL

TITLE VP ☒ Delete  
NAME GOLDENSTEIN, JON D  
STREET ADDRESS 127 BAREFOOT COVE  
CITY-ST-ZIP HYPOLUXO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIP/T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 127 BAREFOOT COVE  
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE VP/DIS ☐ Change ☒ Addition  
NAME PARK, MICHAEL G.  
STREET ADDRESS 127 BAREFOOT COVE  
CITY-ST-ZIP HYPOLUXO, FL 33462

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

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

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

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: JON GOLDSTEIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-00 561-582-4434

CR2F034 (9/99)