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

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

SIGNATURE AND

SIGNATURE:

## FILED Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P98000024123 JACKSON TOWER LAS OLAS PROPERTIES, INC. 04-06-2001 90050 041 \*\*\*150.00 Principal Place of Business Mailing Address 601 S. ANDREWS AVE #201 601 S. ANDREWS AVE #201 FT. LAUDERDALE FL 33301 JTUULV FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 1000 Rida Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0922989 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 8120 a 2 N us A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEALY, CHARLOTTE A Street Address (P.O. Box Number is Not Acceptable) 164 NE 6TH AVENUE SUITE A **DELRAY BEACH FL 33483** Zip Code 35120 submits this statement for the purose of changing in registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete ☐ Change ☐ Addition TITLE TITLE JACKSON, GREGORY L NAME NAME 601 S. ANDREWS AVE #201 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY - ST - 71P Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Persident -, Directur Delete TITLE JIDE 🖘 --- Change -- 🔀 Addition --Iname L Zundt Je NAME NAME 4000 Sandestin Blul South STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dectin 72 32550 TITI F Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE Delete □ Change **⊠** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F □ Change ☐ Addition 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