

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 19, 2000 08:00 AM
Secretary of State**DOCUMENT # P98000073716**

1. Entity Name

LINTON JOG ASSOCIATES II, INC.

Principal Place of Business

C/O 1665 PALM BEACH LAKES BLVD., STE. 600**WEST PALM BEACH
33401****FL**

Mailing Address

C/O 1665 PALM BEACH LAKES BLVD., STE. 600**WEST PALM BEACH
33401****FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0859445

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**CHERRY RICHARD G
1665 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH FL
33401 US****7. Name and Address of New Registered Agent**

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)

04/19/2000

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**

TITLE	T	<input type="checkbox"/> Delete
NAME	HOECKER GARY	
STREET ADDRESS	214 S GRAND AVE W	
CITY-ST-ZIP	SPRINGFIELD IL 62704	

TITLE	V	<input type="checkbox"/> Delete
NAME	HOESCKEU JOHN J	
STREET ADDRESS	13090 COASTAL CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	

TITLE	P	<input type="checkbox"/> Delete
NAME	WILMERING W K	
STREET ADDRESS	PO BOX 2011	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOECKER GARY	
STREET ADDRESS	214 S GRAND AVE W	
CITY-ST-ZIP	SPRINGFIELD IL 62704	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOECKER JOHN J	
STREET ADDRESS	13090 COASTAL CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILMERING N K	
STREET ADDRESS	PO BOX 2011	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: N. KENT WILMERING

DATE: 04/19/2000