

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90115 022 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000073716

1. Entity Name

LINTON JOG ASSOCIATES II, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4400 PGA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 900

DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0859445

Applied For

Not Applicable

Zip

Country

Zip

33410

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Richard G. Cherry

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

4400 PGA Blvd., Suite 900

City

Palm Beach Gardens

FL

Zip Code

33410

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

Richard G. Cherry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME N. Kent Wilmering
STREET ADDRESS P.O. Box 2011
CITY- ST- ZIP West Palm Beach, FL 33401

TITLE VD
NAME John J. Hoecker
STREET ADDRESS 18969 SE Windward Island Way
CITY- ST- ZIP Jupiter, FL 33458

TITLE TD
NAME Gary Hoecker
STREET ADDRESS 214 S. Grand Avenue W
CITY- ST- ZIP Springfield, IL 62704

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

N. Kent Wilmering

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
N. Kent Wilmering, President

4/14/02

DATE

561 471-7767

Daytime Phone #

CR2E034B (12/01)