2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800073719 LINTON JOG ASSOCIATES III, INC.				Apr 19, 2000 08:00 AM Secretary of State
Principal Place of Business C/O 1665 PALM BEACH LAKES BLVD., STE. 600		Mailing Address C/O 1665 PALM BEACH LAKES BLVD., STE. 600		
WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401		
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	te	City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	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
CHERRY RICHARD G 1665 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH FL			Street Ad	dress (P.O. Box Number is Not Acceptable)
33401	. US		City	FL Zip Code
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State. 10. Election Campaign Financing Trust Fund Contribution.				
IITLE	OFFICERS AND	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TD Change
NAME STREET ADDRESS CITY-ST-ZIP	HOECKER GARY 214 S GRAND AVE W SPRINGFIELD	IL 62704	NAME STREET ADDRESS	HOECKER GARY 214 S GRAND AVE W SPRINGFIELD IL 62704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOECKER JOHN 13090 COASTAL CIRCLE PALM BEACH GARDENS	☐ Delete N FL 33410	NAME STREET ADDRESS	VSD HOECKER JOHN J 13090 COASTAL CIRCLE PALM BEACH GARDENS FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILMERING W F PO BOX 2011 WEST PALM BEACH	☐ Delete K FL 33402	NAME STREET ADDRESS	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	T:TLE NAME STREET AUDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is	frue and accurate and that my wered to execute this report as	r sionature shall har	od in Section 119.07(3)(i), Florida Statutes. I further certify that the information we the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if