

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

04-22-2002 90115 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073719
1. Entity Name LINTON JOG ASSOCIATES III, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		4400 PGA Blvd.	
City & State		Suite 900	
Zip		City & State	Country
Country		Palm Beach Gardens, FL	USA
33410		33410	

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0859454	Not Applicable

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	Zip Code
Palm Beach Gardens FL	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.

(Not a 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 33402
TITLE	VSD
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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Kent Wilmering, President

4/12/02

Date

561 471 7767

Daytime Phone #

CR2E034B (12/01)