

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90302 016 ***150.00

DOCUMENT # P99000037475

1. Entity Name
JHA PRIME HOLDINGS, INC.

Principal Place of Business
**101 EAST TOWN PL., SUITE 500
 SAINT AUGUSTINE FL 32092**

Mailing Address
**101 EAST TOWN PL., SUITE 500
 SAINT AUGUSTINE FL 32092**

2. Principal Place of Business
475 WEST TOWN PLACE
 Suite, Apt. #, etc.
STE 115

3. Mailing Address
475 WEST TOWN PLACE
 Suite, Apt. #, etc.
STE 115

City & State
ST. AUGUSTINE, FL
 Zip
32092 Country

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4. FEI Number **59-3572296**

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

ADAMS, JOSEPH H JR
101 EAST TOWN PL., SUITE 500
SAINT AUGUSTINE FL 32092

7. Name and Address of New Registered Agent

Name
FRANK A. SYPNIEWSKI, JR.
 Street Address (P.O. Box Number is Not Acceptable)
475 WEST TOWN PLACE, STE 115
 City
ST. AUGUSTINE FL Zip Code
32092

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 *Frank A. Sypniewski, Jr.*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/01
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, JOSEPH H JR 101 EAST TOWN PL., SUITE 500 SAINT AUGUSTINE FL 32092	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPNIRWSKI, FRANK 101 EAST TOWN PL., SUITE 500 SAINT AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLAN, FRED I 101 EAST TOWN PL., SUITE 500 SAINT AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRIS SPIRES 475 WEST TOWN PL, STE 115 ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANK SYPNIEWSKI, JR. 475 WEST TOWN PL, STE 115 ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED I. GOLAN 475 WEST TOWN PL, STE 115 ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Frank A. Sypniewski, Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01
 Date

Daytime Phone #

CR2E034 (10/00)