

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90094 023 ***150.00

DOCUMENT # **P99.000038036**
 1. Entity Name **SBJH, Inc**
dba The Jefferson House B+B

Principal Place of Business Mailing Address
1018 Jefferson AVE.
MIAMI BEACH, FL 33139

2. Principal Place of Business
SAME
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

94-3329170

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

JAMES MARK
FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD, SUITE 1870
MIAMI BEACH, FL 33131-2377

7. Name and Address of New Registered Agent

Name **Steven N. Adkins**
 Street Address (P.O. Box Number is Not Acceptable)
1018 Jefferson Ave
 City **MIAMI BEACH** FL Zip Code **33139**

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 (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-00

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	President	<input type="checkbox"/> Delete
NAME	STEVEN N. ADKINS	
STREET ADDRESS	1018 Jefferson Ave	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	Director/Vice President	<input type="checkbox"/> Delete
NAME	JAMES R. GREELEY	
STREET ADDRESS	1018 Jefferson Ave	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	DAVE ALLEN	
STREET ADDRESS	1018 Jefferson Ave	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Delete
NAME	STEPHEN R. GAGS	
STREET ADDRESS	921 CUREN	
CITY-ST-ZIP	SAN DIEGO, CA 92102	
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		<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		
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-00

305 534 5247

CR2E034 (9/99)