

# 2001 UNIFORM BUSINESS REPORT (UBR)

0302956

DOCUMENT # V27801

1. Entity Name

JWGENESIS CAPITAL MARKETS, INC.

FILED

01 APR -2 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

980 N FEDERAL HIGHWAY  
SUITE 210  
BOCA RATON FL 33432

Mailing Address

980 N FEDERAL HIGHWAY  
SUITE 210  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

c/o Corporation Service Company

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1201 Hays Street

City & State

City & State

Tallahassee FL

4. FEI Number

65-0335645

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

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

SCARLETT, CHARLES E  
980 N FEDERAL HIGHWAY  
SUITE 210  
BOCA RATON FL 33432

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LEEDS, MARSHALL T  
CITY-ST-ZIP 980 N FEDERAL HWY #210  
BOCA RATON FL

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Carol R. Mullis  
CITY-ST-ZIP 301 S. College Street  
Charlotte, NC 28288-0630

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MARK, JOEL  
CITY-ST-ZIP 1117 PERIMETER CENTER W.  
ATLANTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GLASER, GREGG S  
CITY-ST-ZIP 980 N FEDERAL HWY #210  
BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FERGUSON, W. DENNIS  
CITY-ST-ZIP 980 N FEDERAL HWY #210  
BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carol R. Mullis*

Carol R. Mullis, Vice President

3/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



ACCOUNT NO. : 072100000032

REFERENCE : 099763 167868A

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pignatelli*

ORDER DATE : April 2, 2001

ORDER TIME : 10:47 AM

ORDER NO. : 099763-005

CUSTOMER NO: 167868A

CUSTOMER: Ms. Aprille M. Mitchell  
First Union Corporation  
One First Union Center, Nc0630  
Legal Division-31st Floor  
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: JWGENESIS CAPITAL MARKETS,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS:

RECEIVED  
01 APR -2 AM 11:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA