

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710599

1. Entity Name

JUPITER INLET BEACH CLUB, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90005 025 ****61.25

Principal Place of Business

244 OCEAN DRIVE
TEQUESTA FL 33469
US

Mailing Address

P O BOX 3821
TEQUESTA FL 33469-1013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1146317

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

BRAYMAN, TED
216 PIRATES PL
JUPITER FL 33469

Name

SAYLER, LEE B.

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

145 BEACON LANE

City

JUPITER

FL

Zip Code

33469

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SUNSHINE, NANCY	
STREET ADDRESS	171 GOLFVIEW DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINGES, MARGARET P	
STREET ADDRESS	234 SHELTER LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BRAYMAN, TED	
STREET ADDRESS	216 PIRATES PLACE	
CITY-ST-ZIP	JUPITER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAYLER, LEE	
STREET ADDRESS	145 BEACON LANE	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOFIA, ALAN	
STREET ADDRESS	87 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAILMAN, ELIZABETH	
STREET ADDRESS	143 BEACON LANE	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYLER, LEE B.	
STREET ADDRESS	145 BEACON LANE	
CITY-ST-ZIP	JUPITER, FL 33469	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/99)