

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90004 035 \*\*\*\*61.25

**DOCUMENT # N97000004932**

1. Entity Name

**ORGANIZATION OF PARENTS AND TEACHERS OF JUPITER**

Principal Place of Business

Mailing Address

17400 HAYNIE LANE  
 JUPITER FL

17400 HAYNIE LANE  
 JUPITER FL 33478-5369

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3465610**

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

7. Name and Address of New Registered Agent

**WHALEN, TIMOTHY L**  
**301 CLEMATIS STREET**  
**SUITE 200**  
**WEST PALM BEACH FL**

Name

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

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME ~~WHITTEN, PEARLE~~  
 STREET ADDRESS ~~15702 119TH TRAIL N~~  
 CITY-ST-ZIP ~~JUPITER FL 33478~~

TITLE **PD Jack Epter**  Change  Addition  
 NAME **16286 mellen lane**  
 STREET ADDRESS **Jupiter, FL 33478**  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME ~~LISA MARTZ~~  
 STREET ADDRESS **17400 HAYNIE LN**  
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE **PD Joanne Epter**  Change  Addition  
 NAME **16286 mellen lane**  
 STREET ADDRESS **Jupiter FL 33478**  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME ~~JOANNE EPTER~~  
 STREET ADDRESS **16286 MELLEEN LN**  
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE **V.P - Georgia Barton**  Change  Addition  
 NAME **13969 151st Lane N.**  
 STREET ADDRESS **Jupiter, Fla. 33478**  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME ~~JEAN NUJIN~~  
 STREET ADDRESS ~~121ST TERR~~  
 CITY-ST-ZIP ~~JUPITER FL 33478~~

TITLE **S Barbara Hemphill**  Change  Addition  
 NAME **13021 158th Rd.**  
 STREET ADDRESS **Jupiter, Fla. 33478**  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME ~~SHELLEY SAYRE~~  
 STREET ADDRESS ~~12737 108TH CT N~~  
 CITY-ST-ZIP ~~JUPITER FL 33478~~

TITLE **T Cathya Kennedy**  Change  Addition  
 NAME **12239 150th Ct. N.**  
 STREET ADDRESS **Jupiter, Fla. 33478**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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**

**01-05-00**

Date

Daytime Phone #

**561-743-9575**