

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734742

1. Entity Name

JUPITER INLET SAFE BOATING ASSOCIATION, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90061 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

143 TURTLE CREEK DRIVE  
TEQUESTA FL 33469  
US

143 TURTLE CREEK DR  
TEQUESTA FL 33469-1556  
US

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

59-2447561

Applied For

Not Applicable

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

WOOD, WILLIAM H  
143 TURTLE CREEK DRIVE  
TEQUESTA FL 33469

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 WOOD, WILLIAM H  
STREET ADDRESS 143 TURTLE CREEK DR  
CITY-ST-ZIP TEQUESTA FL 33469

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

TITLE VD ☐ Delete  
NAME DORSKY, TED  
STREET ADDRESS 142 BEACH SUMMIT COURT  
CITY-ST-ZIP JUPITER FL 33477

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

TITLE SD ☐ Delete  
NAME LESNIK, EVELYN  
STREET ADDRESS 104 PARADISE HARBOR BLVD #514  
CITY-ST-ZIP NORTH PALM BEACH FL

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

TITLE TD ☐ Delete  
NAME AHEARN, ELLEN  
STREET ADDRESS 139 SKNCHORAGE DR  
CITY-ST-ZIP N PALM BEACH FL

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

TITLE D ☐ Delete  
NAME LESNIK, LEONARD  
STREET ADDRESS 104 PARADISE HARBOR BLVD, #514  
CITY-ST-ZIP N PALM BEACH FL 33408

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

TITLE D ☐ Delete  
NAME RYAN, JOSEPH X  
STREET ADDRESS 109 YACHT CLUB DR  
CITY-ST-ZIP JUPITER FL

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

6 JAN. 2000 (561) 746-0028

Date

Daytime Phone #

CR2E037 (9/99)