

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10655

1. Entity Name

TEQUESTA COMMERCE CENTER CONDOMINIUM ASSOCIATION

Principal Place of Business

212 U.S. HIGHWAY ONE. #24
BOX 8
TEQUESTA FL 33469

Mailing Address

212 U.S. HIGHWAY ONE. #24
BOX 8
TEQUESTA FL 33469

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0022701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD A

~~201 MAPLECREST CIRCLE~~ 6405 Reville Circle South
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

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

6405 Reville Circle South

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

TITLE PD
NAME JONES, RICHARD A.
STREET ADDRESS ~~201 MAPLECREST CIRCLE~~ 6405 Reville Cr. So.
CITY-ST-ZIP JUPITER FL

TITLE VD
NAME FINLAYSON, ELIZABETH LOU
STREET ADDRESS 12288 CHANNEL ROAD
CITY-ST-ZIP N PALM BEACH FL 33408

TITLE D
NAME PALMADESSO, JACK
STREET ADDRESS 922 MARLIN CIRCLE
CITY-ST-ZIP JUPITER FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 6405 Reville Circle South
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 (561) 745-8989

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90106 037 ****61.25

607064



DO NOT WRITE IN THIS SPACE

0054830

CR2E037 (10/00)