

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90133 001 ****61.25

DOCUMENT # N10655

1. Entity Name

**TEQUESTA COMMERCE CENTER CONDOMINIUM ASSOCIATION
INC.**

Principal Place of Business

Mailing Address

212 U.S. HIGHWAY ONE, #24
BOX 8
TEQUESTA FL 33469212 U.S. HIGHWAY ONE, #24
BOX 8
TEQUESTA FL 33469

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

65-0022701

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

JONES, RICHARD A
6405 REVELLE CIR SOUTH
JUPITER FL 33458

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 \$61.259. 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 JONES, RICHARD A.
STREET ADDRESS 6405 REVELLE CIR SOUTH
CITY-ST-ZIP JUPITER FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☒ Delete
NAME FINLAYSON, ELIZABETH LOU
STREET ADDRESS 12288 CHANNEL ROAD
CITY-ST-ZIP N PALM BEACH FL 33408TITLE VD ☒ Change ☐ Addition
NAME Peter Pimentel
STREET ADDRESS 19 Tradewinds Circle
CITY-ST-ZIP Tequesta, FL 33469TITLE D ☒ Delete
NAME PALMADESSO, JACK
STREET ADDRESS 922 MARLIN CIRCLE
CITY-ST-ZIP JUPITER FL 33458TITLE SD ☒ Change ☐ Addition
NAME Karen Lamplough
STREET ADDRESS 10C Lexington Lane East #314
CITY-ST-ZIP Palm Beach Gardens, FL 33410TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED**

(561) 746-6984

CR2E037 (9/01)