

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90150 046 ****61.25

DOCUMENT # 734742

1. Entity Name

JUPITER INLET SAFE BOATING ASSOCIATION, INC.



Principal Place of Business

% ELLEN AHEARN
139 ANCHORAGE DRIVE S.
NORTH PALM BEACH FL 33408-5024
US

Mailing Address

C/O ELLEN AHEARN TREAS
139 ANCHORAGE DR S
NORTH PALM BEACH FL 33408-5024
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2447561**

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

AHEARN, ELLEN F
139 ANCHORAGE DR S
NORTH PALM BEACH FL 33408

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SPANIER, LAWRENCE A**
STREET ADDRESS **246 EAGLE DR**
CITY-ST-ZIP **JUPITER FL 33477**

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

TITLE **VD** ☐ Delete
NAME **DEFAZIO, SAMUEL G**
STREET ADDRESS **16211 130TH AVE N**
CITY-ST-ZIP **JUPITER FL 33478**

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 **T** ☐ Delete
NAME **AHEARN, ELLEN F**
STREET ADDRESS **139 ANCHORAGE DR S**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **D** ☐ Delete
NAME **TODD, JANE H**
STREET ADDRESS **103-A SEA OATS DR**
CITY-ST-ZIP **N PALM BEACH FL 33408**

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

TITLE **D** ☐ Delete
NAME **NILSEN, ROBERT**
STREET ADDRESS **17001 FRESHWIND CIR**
CITY-ST-ZIP **JUPITER FL 33477**

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:

Ellen Ahearn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-03

(561) 845-8927

CR2E037 (10/02)