09-04-2003 90070 031 \*\*\*\*61.25

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

Mailing Address

## DOCUMENT # N9700004954

1. Entity Name

Principal Place of Business

## JUPITER-TEQUESTA-JUNO BEACH CHAMBER OF COMMERCE FOUNDATION, INC.

		800 NORTH US HWY ONE JUPITER FL 33477						
2. Principal Place of Business 3. Ma		3. Mailing Address	lailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 65-0784996		plied For t Applicable	
Zip Country Zi		Zip	Country				B.75 Additional se Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
MURTAUGH, LOUISE 800 NORTH US HWY ONE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
JUPITER	FL 33477	•	City		F	Zip Code	)	
	e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and		egistered office of regis		o State of Florida. Tar		and accept	
· · · · · · · · · · · · · · · · · · ·								
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing		\$5.00 May Be Make Check Payable to			
After September 10, 2003, min will be \$236.25		5.25 Trust Fund Cor	Trust Fund Contribution.		Florida Depa	artment of S	tate	
10.	OFFICERS AND DIREC	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND I	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARD, BRUCE 1210 S DIXIE HWY JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME	MURTAUGH, KRISTEN		NAME				ł	
STREET ADORESS CITY-ST-ZIP	5353 PARKSIDE DRIVE JUPITER FL 33458		STREET ADDRESS CITY-ST-ZIP					
TITLE	D MURPHY, WILLIAM	Delete	TITLE NAME	-		Change	Addition	

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.

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

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NAME

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NAME

☐ Delete

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, Delete

**SIGNATURE:** 

STREET ADDRESS 2121 S. ALTERNATE A1A

**NELSON, GAIL** 

DENT, PATTY

DT

JUPITER FL 33477

340 OCEAN DRIVE

JUNO BEACH FL 33808

101 N. US HWY ONE

**TEQUESTA FL 33459** 

4302 S US HWY ONE

Hoyla, Robert

JUPITER FL 33477

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

Jengifer Brown

561-746-

☐ Change

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Addition

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