

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 377190

1. Entity Name

JUPITER INLET CORP.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90026 014 \*\*\*150.00

Principal Place of Business

Mailing Address

357 CYPRESS DRIVE  
 STE. 212  
 TEQUESTA FL 33469  
 US

PO BOX 3475  
 PO BOX 3475, TEQUESTA, FL 33469  
 TEQUESTA FL 33469-1007  
 US

2. Principal Place of Business

3. Mailing Address

961 NORTH A1A

Suite, Apt. #, etc.

Suite 11

City & State

JUPITER, Florida

City & State

Zip

33477

Country

U.S.A.

Zip

Country

4. FEI Number

59-1317041

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

BATEMAN, J B  
 537 U S HIGHWAY 1  
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PTD  
 STEPHENSON, EDWARD L  
 VALHALLA, WILDCAT MOUNTN  
 WARRENTON VA ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SV  
 LAVACHE, VICKI J.  
 1510 N. SEABROOK RD.  
 JUPITER FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SV  
 Barbara Buchanan  
 961 North A1A, Suite 11  
 Jupiter, FL 33477 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barbara Buchanan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA BUCHANAN

4/27/00

Date

561-747-2264

Daytime Phone #

CR2E034 (9/99)