

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749649

1. Entity Name

JUPITER VILLAGE PHASE I HOMEOWNERS ASSOCIATION,

Principal Place of Business

9000 EAST INDIANTOWN ROAD  
210  
JUPITER FL 33477  
US

Mailing Address

PO BOX 3796  
P O BOX 3796  
TEQUESTA FL 33469-1012  
US

2. Principal Place of Business

8259 N. Military Tr  
Suite, Apt. #, etc.  
Suite 11

3. Mailing Address

← same  
Suite, Apt. #, etc.

City & State

PB6, FL

City & State

Zip

Country

USA

4. FEI Number

59-1978909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, THERESA  
900 E INDIANTOWN RD  
STE 210  
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

KAREN ZINK

Street Address (P.O. Box Numbers Not Acceptable)

8259 N. Military Tr

City

Suite 11

PB6

FL

Zip Code 33410

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

Karen Zink

4/18/00

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 TD  
NAME JACKSON, FRANCES ☐ Delete  
STREET ADDRESS 167 LAKESIDE DR.  
CITY-ST-ZIP JUPITER FL 33458

TITLE VPD  
NAME FISHER, VALERIE ☐ Delete  
STREET ADDRESS 121 LAKESIDE DR.  
CITY-ST-ZIP JUPITER FL 33458

TITLE SD  
NAME BROWER, MARGARET ☐ Delete  
STREET ADDRESS 160 LAKESIDE DR.  
CITY-ST-ZIP JUPITER FL 33458

TITLE PD  
NAME FISHER, LEROY ☐ Delete  
STREET ADDRESS 121 LAKESIDE CIRCLE  
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

LEROY FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 26, 2000 8:00 am  
Secretary of State

07-26-2000 90018 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE