

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759901

1. Entity Name

JUPITER CRIME WATCH, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90046 001 \*\*\*\*61.25

Principal Place of Business

210 MILITARY TRAIL  
JUPITER FL 33458

Mailing Address

210 MILITARY TRAIL  
JUPITER FL 33458-5786

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

59-6033967

Applied For

Not Applied

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

THOMPSON, KIMBERLY  
210 MILITARY TRAIL  
JUPITER FL 33458

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 \$61.25**

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 PD  
NAME WESTGATE, RICHARD  
STREET ADDRESS 210 MILITARY TRAIL  
CITY-ST-ZIP JUPITER, FL 00000 ☐ Delete

TITLE D  
NAME HESS, FRANK  
STREET ADDRESS 210 MILITARY TRAIL  
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE V  
NAME HERMANSKI, STANLEY  
STREET ADDRESS 210 MILITARY TRAIL  
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE MD  
NAME THOMPSON, KIMBERLY  
STREET ADDRESS 210 MILITARY TRAIL  
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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.

SIGNATURE:

*FRANK W. HESS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00 561-746-6201

Daytime Phone #