2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF POSITION GENERAL PARTNER

JOSEPH P. STRAZZULLA

				7	1	
DOCUMENT # A9700002081 1. Entity Name						
JPS STARBOARD TACK, LTD.				FILED		
dio ommonato mongaro.				00 APR -6 AMII: 36		
Principal Place of Business 2076 CAVALLA ROAD VERO BEACH FL 32963		Mailing Address 2076 CAVALLA ROAD VERO BEACH FL 32963-2860		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
				A PROPERTY OF A STATE	4118 (1811 4218) (1818) (181 182)	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0782187	Applied For Not Applicable	
Zip Country Zip		Zip	Country	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
OTD LATELLY A COORD IN			Name	Name		
STRAZZULLA, JOSEPH P 2076 CAVALLA RD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32963						
			City	FL Zip Code		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST				11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	R FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners M/	THAT IS A BUSINESS ENT AY NOT be changed on the	form; an amendme	nt must be filed to change a general par	tner.	
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ON		
DOCUMENT# NAME	JPS STARBOARD TACK, INC.		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	2076 CAVALLA ROAD VERO BEACH FL 32963		CITY-ST-ZEP		411	
Document# Name			STREET ADDRESS	600003216 -04/20/00(]]1088010	
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP	****535.00	****535.UU	
DOCUMENT / NAME	•		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT# NAME			STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP			
DOCUMENT# NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
Document# Name	e e e e e e e e e e e e e e e e e e e		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
hatenihai	certify that the information supplied with on this report is true and accurate and wer or trustee empowered to execute the	t that my signature shall have the	e same legal effect as if r 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further cer made under oath; that I am a General Partner of	tify that the information the limited partnership or	