

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007883 AF

DOCUMENT # **A97000002210**

1. Entity Name

**JUPITER PALMS ASSOCIATES, LTD.**

SECRETARY OF  
TALLAHASSEE, FLORIDA

**FILED**

**01 APR 23 PM 12:38**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433**

Mailing Address  
**C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433**

2. Principal Place of Business  
**Konover & Associates South, LLC**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0800038**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ASHENFELTER, MARIA S  
C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$2,152,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000085418**  
NAME **K. SOUTH, INC.**  
STREET ADDRESS **7000 WEST PALMETTO PARK ROAD, SUITE 408**  
CITY-ST-ZIP **BOCA RATON FL 33433**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: **K. South, Inc., its General Partner**

By: **Kristen M. Myrhone, Treasurer**

SIGNATURE: *[Signature]*

Signature and typed or printed name of signing general partner

**4/2/01**

Date

**501-394-4224**

Daytime Phone #

CR2E003 (11/00)