

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05846

1. Entity Name

J/T BROKERS GROUP, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90069 018 \*\*\*158.75

Principal Place of Business

129 CENTER ST  
JUPITER FL 33458  
US

Mailing Address

129 CENTER ST  
JUPITER FL 33458  
US

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 **59-2441900**

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

COFFEY, PAMELA B.  
129 CENTER ST  
JUPITER FL 33458

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	COFFEY, PAMELA B.	
STREET ADDRESS	6168 EAGLES NEST	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINETTE, PATRICIA	
STREET ADDRESS	196 PARK PLACE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LONG, DOUGLAS F.	
STREET ADDRESS	3064 MAINSAIL CIRCLE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	COFFEY, JEFFREY L	
STREET ADDRESS	258 SUSSEX CIR	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOUYD, MARTIN S	
STREET ADDRESS	201-E SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11406 172ND PLACE N.	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Pamela B. Coffey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01  
Date

561-746-4848  
Daytime Phone #

CR2E034 (10/00)