## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J73640**

1. Entity Name

## JUPITER ISLAND DEVELOPMENT COMPANY

Principal Place of Business 12800 U.S. HIGHWAY ONE

Mailing Address

12800 U.S. HIGHWAY ONE

**FILED** May 05, 2001 8:00 am Secretary of State 05-05-2001 90318 007 \*\*\*150.00

JNO BEACH FL 33408 S			SUITE 200 JUNO BEACH FL 33408 US								) <b>61611 ) 68</b> 1	
			3. Mailing Address  Suite, Apt. #, etc.  City & State				DO NOT WRITE IN THIS SPACE					
						4.	4. FEI Number 65-0008362			<del></del>	pplied For ot Applicable	
			Zip Couni		try	5. Certificate of Status Desired			\$8.75 Add	\$8.75 Additional Fee Required		
	6. Name an	d Address of Current R	egistered Agent		-	7.	Name and	Address of New	Registered	d Agent		
BOURASSA, JOHN 285 S BEACH RD HOBE SOUND FL 33455					Name Street Ac	dress (P.O.	(P.O. Box Number is Not Acceptable)					
					City				F	L Zip Code	e	
SIGNATURE  9. This corp	Signature, typed or co	printed name of registered agent and et o satisfy its Intangible dielects to do so.	the purpose of changing its  d title if applicable. (NOTE  FILE NOW!  After MAY 1, 20	:: Registere	d Agent signatu	e required when	reinstating)	ction Campaign F	DATE	\$5.0	<b>0</b> May Be	
_	ria on back)		Make Check Payab	le to De	-	of State						
11.	I CD	OFFICERS AND D		12.	· · · · · ·			CHANGES TO OF				ć
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP BOURASSA, 285 S BEAC HOBE SOUN	H RD	☐ Delete	1		Presi	dent/Se	ec./Direc	FOI	🗓 Change	☐ Addition	400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RRIX BROWN, JAI 157 RIDGE F JUPITER FL	MES P	☐ Delete		j	Treas	urer/D	irector		X Change	☐ Addition	(
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	Delete TITLE NAME STREE CITY-		Boura 220 H	ce-President/Director urassa, Andre R. O Hampton Court piter, FL 33458			☐ Change	X] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	

13. I hereby certify that the information supplied with this filling 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 supplier ental 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 of trustee and overed 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 attackment with an address, with all other like empowered.

**SIGNATURE:** 

561-625-5325