

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000739**

1. Entity Name

JUPITER GREENWICH, LLC

FILED

00 FEB -3 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6460 MARINER SANDS DRIVE  
STUART FL 34997

Mailing Address

6460 MARINER SANDS DRIVE  
STUART FL 34997-8721

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

65-0706396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COWIN, ROBERT E  
6460 MARINER SANDS DRIVE  
STUART FL 34997

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MEM COWIN, ROBERT E ☐ Delete  
STREET ADDRESS 6460 MARINER SANDS DRIVE  
CITY-ST-ZIP STUART FL 34997

TITLE NAME MEM KEATHLEY, TERRY M ☐ Delete  
STREET ADDRESS 7250 SE FEDERAL HWY  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE NAME MEM COOK, ROBERT B ☐ Delete  
STREET ADDRESS 11911 US HWY 1, SUITE 205  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME 4000003124457 ☐ Change ☐ Addition  
STREET ADDRESS -02/04/00--01081--016  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)