

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32301

1. Entity Name

ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, I

Principal Place of Business

ISLAND COUNTRY ESTATES
P.O. BOX 7923
JUPITER FL 33458
US

Mailing Address

ISLAND COUNTRY ESTATES
P.O. BOX 7923
JUPITER FL 33468-7923
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

65-0122264

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

WRIST, PETER E

7778 SE COUNTRY ESTATES WAY
JUPITER FL 33458

7778

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CURINGTON, NORMAN
18909 SE RED APPLE WAY
JUPITER FL 33458-1045 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDVP
JACOBS, STEPHEN
7882 SE COUNTRY ESTATES WAY
JUPITER FL 33458 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BOBO, GERALD
8089 SE COUNTRY ESTATES WAY
JUPITER, FL 33458 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDVP
WRIST, PETER E
7778 SE COUNTRY ESTATS WAY
JUPITER FL 33458 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90001 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)