

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90220 020 ****61.25

0037632

DOCUMENT # N37646

1. Entity Name

JUPITER INLET OFFSHORE FISHING CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 3088
 TEQUESTA FL 33469

P O BOX 3088
 TEQUESTA FL 33469

80080930



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0187534

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

PERSONS, H. WILLIAM
127 DUNES EDGE ROAD
JUPITER FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

175 RIDGE ROAD

City

JUPITER, FL

FL

Zip Code

33477

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

Handwritten Signature

4-14-02

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	D.	<input type="checkbox"/> Delete
NAME	LOSQUARDRO, JOYCE	
STREET ADDRESS	8829 S.E. RIVERFRONT TERR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D.	<input type="checkbox"/> Delete
NAME	MILLER, DAN	
STREET ADDRESS	PO BOX 364 (N/A)	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERSONS, H. WILLIAM	
STREET ADDRESS	127 DUNES EDGE ROAD	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, LARRY	
STREET ADDRESS	18510 LAKE BEND DR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BORKOWSKI, MELANIE	
STREET ADDRESS	8738 SE SHADON STREET	
CITY-ST-ZIP	HOBBSOUND, FL. 33455	
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 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 checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Handwritten Signature

REQUIRED WILLIAM PERSONS 4-14-02 561745 1884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)