

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90124 011 \*\*\*\*61.25

**DOCUMENT # N43588**

1. Entity Name

**JUPITER BUSINESS ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

C/O RICHARD P. GUMSON P.A.  
 6390 INDIANTOWN ROAD, SUITE 30  
 JUPITER FL 33458

103 US HWY 1  
 SUITE F-5-187  
 JUPITER FL 33477-5132  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0286179**

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

GUMSON, RICHARD P.  
 6390 INDIANTOWN ROAD  
 SUITE 30  
 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 \_\_\_\_\_

**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	PD	<input type="checkbox"/> Delete
NAME	NEWTON, LINDA	
STREET ADDRESS	711 W. INDIANTOWN RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COHANE, PATTY	
STREET ADDRESS	JUP. BCH. RESORT 5 NORTH A1A	
CITY-ST-ZIP	JUPITER FL 33-4771	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OLIVERI, CHARLES	
STREET ADDRESS	200 CENTRAL BLVD., STE. A	
CITY-ST-ZIP	JUPITER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PINDER, JOYCE L	
STREET ADDRESS	1007 NORTH U.S. HIGHWAY 1, STE. 100	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Savel	
STREET ADDRESS	395A Tequesta Dr	
CITY-ST-ZIP	Tequesta FL 33469	
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		

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 REQUIRED *Resura 1-13-00*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

605190



DO NOT WRITE IN THIS SPACE