

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49121

1. Entity Name

JUPITER FARMS RESIDENTS, INC.

Principal Place of Business

11150 154TH RD NORTH
JUPITER FL 33478
US

Mailing Address

P/O BOX 2585
JUPITER FL 33468-2585
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

65-0358562

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

RICE, EDWARD R
11150 154TH RD NORTH
JUPITER FL 33478

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	VP	<input type="checkbox"/> Delete
NAME	HICKMAN, NICOLE	
STREET ADDRESS	153809 118TH TERRACE N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, JUDITH	
STREET ADDRESS	11150 154TH ROAD N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASHION, CLARENCE	
STREET ADDRESS	17390 N 128TH TERR	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICE, ED	
STREET ADDRESS	11150 N 154TH RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ETTARI, GEORGIA	
STREET ADDRESS	12323 188TH ST N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPILLMAN, JIM	
STREET ADDRESS	11152 159TH COURT N	
CITY-ST-ZIP	JUPITER FL 33478	

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	
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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:

Edmund R. Hickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

Edmund R. Hickman

Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90082 004 ***61.25

00029197



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)