

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005396**

1. Entity Name

THE FRIENDS OF JUPITER BEACH, INC.**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90100 039 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 791
JUPITER FL 33468-0791P.O. BOX 791
JUPITER FL 33468-0791

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0625755Applied 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****LANKLER, ANITA**
88 W RIVERSIDE DR
JUPITER FL 33469

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 \$61.259. 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 **PTD** ☐ Delete
NAME **LANKLER, ANITA**
STREET ADDRESS **88 W. RIVERSIDE DR.**
CITY-ST-ZIP **JUPITER FL 33469**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VSD** ☐ Delete
NAME **TURNER, JOHN**
STREET ADDRESS **16586 HAYNIE LANE**
CITY-ST-ZIP **JUPITER FL 33478**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RAMSPACHER, DICK**
STREET ADDRESS **5394 POINTE LANE E**
CITY-ST-ZIP **JUPITER FL 33458**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:*Anita Lankler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**ANITA LANKLER-PTD****APRIL 27, 2000**

561

745-0777

Date

Daytime Phone #

CR2E037 (9/99)