

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004649

1. Entity Name

JOHN PUTNAM MERRILL, JR. AND CAROL JENNINGS MERR

Principal Place of Business

Mailing Address

~~231 SOUTHLAND ROAD~~  
~~PALM BEACH FL 33480~~

~~231 SOUTHLAND ROAD~~  
~~PALM BEACH FL 33480~~

2. Principal Place of Business

3. Mailing Address

1617 N FLAGLER

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#88  
City & State  
W. PALM BEACH FL

City & State

Zip 33407 Country U.S.A.

Zip

Country

4. FEI Number

65-0780449

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

MURPHY, EUGENE W JR.  
340 ROYAL PALM WAY  
SUITE 100  
PALM BEACH FL 33480

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	P/D MERRILL, JOHN PUTMAN JR. <del>231 SOUTHLAND ROAD</del> <del>PALM BEACH FL 33480</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JENNINGS MERRILL, CAROL <del>231 SOUTHLAND ROAD</del> <del>PALM BEACH FL 33480</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, CHRISTINA C/O JOHN MERRILL, JR. <del>231 SOUTHLAND ROAD</del> <del>PALM BEACH FL 33480</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1617 N. FLAGLER DR. #88 W. PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1617 N. FLAGLER DR. #88 W. PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1617 N. FLAGLER DR. W. PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (10/00)

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90047 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE