

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003838

1. Entity Name

JUPITER VILLAGE PHASE IV CABLE CLUB, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90981 014 ****61.25

Principal Place of Business

127 DEERFIELD DR
PO BOX 1781
JUPITER FL 33468
US

Mailing Address

PO BOX 30154
PALM BCH GARDENS FL 33420-0154

101130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8259 N. Military Tr
Suite 11

3. Mailing Address

Suite, Apt. #, etc.

← SAME

City & State

PBG, FL

City & State

4. FEI Number

65-0851051

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMASON, BEVERLEY
15247 68TH CT NO
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name: Beverley Jamason
Street Address (P.O. Box Number is Not Acceptable): 8259 N. Military Tr Suite 11
City: PBG, FL Zip: 33410

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

B. Jamason

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/00

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

TITLE	DST	<input type="checkbox"/> Delete
NAME	WEKEMANN, GAIL	
STREET ADDRESS	109 WINGATE DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	GOLLINGS, ROBERT H	
STREET ADDRESS	127 DEERFIELD DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JAMASON, BEVERLY	
STREET ADDRESS	15247 68TH CT NO	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Robert H. Gollings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT / DIRECTOR 4/25/2000 (561) 744-5621

Date

Daytime Phone #

CR2E037 (9/99)