

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90501 018 \*\*\*\*\*61.25

0036505

**DOCUMENT # N98000003838**

1. Entity Name

**JUPITER VILLAGE PHASE IV CABLE CLUB, INC.**



Principal Place of Business

**8259 N. MILITARY  
STE 11  
WEST PALM BEACH FL 33410  
US**

Mailing Address

**8259 N. MILITARY  
STE 11  
WEST PALM BEACH FL 33410  
US**

2. Principal Place of Business

**127 DEERFIELD DR**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1781**  
Suite, Apt. #, etc.

City & State

**JUPITER FL**

City & State

**JUPITER FL**

4. FEI Number

**65-0851051**

Applied For

Not Applicable

Zip

**33458**

Country

**USA**

Zip

**33468-1781**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JAMASON, BEVERLEY  
8259 N MILITARY TR  
WEST PALM BEACH FL 33410**

7. Name and Address of New Registered Agent

Name

**ROBERT H. GOLLINGS**

Street Address (P.O. Box Number is Not Acceptable)

**127 DEERFIELD DRIVE**

City

**JUPITER**

FL

Zip Code

**33458**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert H. Gollings*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DPC</b>	<input type="checkbox"/> Delete
NAME	<b>GOLLINGS, ROBERT H</b>	
STREET ADDRESS	<b>127 DEERFIELD DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JAMASON, BEVERLY</b>	
STREET ADDRESS	<b>8259 N MILITARY TR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKLIN, NANCY</b>	
STREET ADDRESS	<b>127 DEERFIELD DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
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	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EMILY S. FRANKLIN</b>	
STREET ADDRESS	<b>137 DEERFIELD DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>DIRECTOR/SECRETARY</b>	<input checked="" 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		
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*

**4/23/2003 (501) 744-5621**

CR2E037 (10/02)