

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P92000012687**

1. Entity Name

**TEQUESTA CORPORATE CENTER PARTNERS, INC.**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90024 037 \*\*\*150.00

Principal Place of Business

Mailing Address

250 TEQUESTA DR  
 STE 206  
 TEQUESTA FL 33469  
 US

250 TEQUESTA DR  
 STE 206  
 TEQUESTA FL 33469-2765  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0377109**

Applied 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

**JEFFER, HERMAN**  
**250 TEQUESTA DR**  
**SUITE 200**  
**TEQUESTA 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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>JEFFER, HERMAN</b>	<b>250 TEQUESTA DR SUITE 200</b>	<b>TEQUESTA FL 33469</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>JERRY, JACQUELYN</b>	<b>1 GREYLEDGE DR</b>	<b>LOUDONVILLE NY 12211</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>HOPKINSON, REGINALD</b>	<b>250 TEQUESTA DR #200</b>	<b>TEQUESTA FL 33469</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE OF HERMAN JEFFER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00  
 Date

561-747-6000  
 Daytime Phone #

CR2E034 (9/99)