

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014914

1. Entity Name

J-T PROPERTY MANAGEMENT, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90029 028 \*\*\*150.00

Principal Place of Business

1061 E INDIANTOWN RD  
STE 104  
JUPITER FL 33477  
US

Mailing Address

1061 E INDIANTOWN RD  
STE 104  
JUPITER FL 33477  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0377275**

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

GODOWN, S. BARRIE  
351 S U.S. HWY 1  
SUITE 107  
JUPITER FL 33477

Name **S. Barrie Godown**

Street Address (P.O. Box Number is Not Acceptable)  
**1061 E. Indiantown Road**  
**Suite 104**

City **Jupiter**

**FL** Zip Code **33477**

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, 2001 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 ☐ Delete  
NAME **D SCHNEIDER, STEVEN L**  
STREET ADDRESS **116 QUAYSIDE DR**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D BANSAL, RAJENDRA**  
STREET ADDRESS **605 S BEACH RD**  
CITY-ST-ZIP **JUPITER ISLAND FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D KEHAYA, ERY W**  
STREET ADDRESS **247 S BEACH RD**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☒ Change ☐ Addition  
NAME **D KEHAYA, HELGA**  
STREET ADDRESS **247 S BEACH ROAD**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete  
NAME **D KEHAYA, MARK W**  
STREET ADDRESS **247 S BEACH RD**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D GODOWN, S. BARRIE**  
STREET ADDRESS **1061 E INDIANTOWN RD #104**  
CITY-ST-ZIP **JUPITER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)