

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90055 026 \*\*\*150.00

**DOCUMENT # P96000101569**

1. Entity Name

**JUPITER PROPERTY MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

C/O THE OLD MOUNTAIN COMPANY, INC.  
 551 FIFTH AVENUE, SUITE 1916  
 NEW YORK NY 10176

%THE OLD MOUNTAIN COMPANY INC  
 225 W WACKER DR STE 1500  
 CHICAGO IL 60606-1235  
 US

00022725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-3942329**

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

**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIELD, MARSHALL V</b>	
STREET ADDRESS	<b>225 W WACKER DR, SUITE 1500</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PIROVANO, JOHN A</b>	
STREET ADDRESS	<b>551 FIFTH AVENUE, SUITE 1916</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>PAIGE, LYNN M</b>	
STREET ADDRESS	<b>1001 N US HIGHWAY 1, SUITE 205</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HAMBLIN, CHRISTINE</b>	
STREET ADDRESS	<b>5 N. A1A</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*LYNN M PAIGE*  
**LYNN M PAIGE**

Date

2/9/00

Daytime Phone #

561-748-8007

CR2E034 (9/99)