## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P96000101653



**FILED** 

Mar 13, 2003 8:00 am Secretary of State 1. Entity Name 03-13-2003 90096 042 \*\*\*150.00 JUPITER BEACH DEVELOPMENT CO., INC. Principal Place of Business Mailing Address C/O THE OLD MOUNTAIN COMPANY. INC. C/O JUPITER FINANCE COMPANY, LTD. 551 FIFTH AVE., SUITE 1916 1001 N US ONE 205 NEW YORK NY 10176 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 58-2299224 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition FIELD. MARSHALL V NAME NAME STREET ADDRESS 225 W WACKER DR, SUITE 1500 STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP ☐ Delete TITLE PD ☐ Change TITLE Addition PIROVANO, JOHN A NAME NAME 551 FIFTH AVE. SUITE 1916 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-78 TITLE Delete TITLE Change ☐ Addition SVEC, CHRISTINE NAME NAME STREET ADDRESS 225 WEST WACKER DRIVE, SUITE 1500 STREET ADDRESS CITY-ST-ZiP CHICAGO IL 60606 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SPIOTTA, RONALD J. NAME STREET ADDRESS 225 WEST WACKER DRIVE, SUITE 1500 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver of yustee er ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment