

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008294

1. Entity Name

JUPITER HILLS VILLAGE REALTY, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90015 005 ***550.00

Principal Place of Business

7190 SE FED HWY STE 14
 STUART FL 34997

Mailing Address

7190 SE FED HWY STE 14
 STUART FL 34997

2. Principal Place of Business

8908 SE BRIDGE ROAD

3. Mailing Address

8908 SE BRIDGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOBBS SOUND FL

City & State

HOBBS SOUND FL

4. FEI Number

65-0724211

Applied For

Not Applicable

Zip

Country

33455 MARTIN

Zip

Country

33455 MARTIN

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

DANIELS, ALYS N
 GARY, DYTRYCH & RYAN, P.A.
 701 US HWY ONE, STE 402
 N PALM BEACH FL 33408

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPST ☐ Delete
 NAME TODD, FRANK
 STREET ADDRESS 7190 SE FED HWY STE 14
 CITY-ST-ZIP STUART FL 34997
 ADDRESS CHANGE →

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 8908 SE BRIDGE ROAD
 CITY-ST-ZIP HOBBS SOUND FL 33455

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)