

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099649

1. Entity Name **UPPER POND CORPORATION**

**UPPER POND CORPORATION**

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

02-16-2000 90043 047 \*\*\*158.75

Principal Place of Business

Mailing Address

6148 MIDNIGHT PASS RD  
UNIT 3S  
SARASOTA FL 34242  
US

102 SILL LANE  
OLD LYME CT 06371-1134

*Note  
Correction*  
↓

2. Principal Place of Business

6148 Midnight Pass Rd  
Suite, Apt. #, etc.  
Unit 3-South

3. Mailing Address

PO Box 765  
Suite, Apt. #, etc.

City & State  
Sarasota FL

City & State  
Old Lyme CT

Zip  
34242

Country  
US

Zip  
06371

Country  
US

4. FEI Number 65-0809560

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

EDWARDS, JEROME M  
6148 MIDNIGHT PASS ROAD UNIT 3S  
SARASOTA FL 34242

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  
D  
EDWARDS, JEROME M  
102 SILL LANE  
OLD LYME CT 06371 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEST, JEAN T  
102 SILL LANE  
OLD LYME CT 06371 ☐ Delete

TITLE  
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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:

*Jerome M Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Daytime Phone #

1-31-00 800 370 4228

CR2E034 (9/99)