

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106057

1. Entity Name

ESTATES OF JUPITER DEVELOPMENT COMPANY

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90023 009 \*\*\*150.00

Principal Place of Business	Mailing Address
8000 N A1A VERO BEACH FL 32963 US	8000 N A1A VERO BEACH FL 32963-4216 US

2. Principal Place of Business	3. Mailing Address
7777 N A1A	7777 N A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Vero Beach, FL	Vero Beach, FL		
Zip	Country	Zip	Country
32963-4216	USA	32963-4216	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0807217** | Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JECK, PHILIPPE**  
**JECK, HARRIS, & JONES LLP**  
**1061 E INDIANTOWN RD**  
**JUPITER FL 33477**

7. Name and Address of New Registered Agent

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	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SIMPSON, R M</b>
STREET ADDRESS	<b>25 SADDLEBACK RD</b>
CITY-ST-ZIP	<b>JUPITER FL 33469</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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PSTD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Simpson, R. Mason</b>
STREET ADDRESS	<b>1736 Ocean Drive</b>
CITY-ST-ZIP	<b>Vero Beach, Florida 32963</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

**RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

(561)231-3131

Daytime Phone #