

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081896

1. Entity Name

JABKO PROPERTY MANAGEMENT COMPANY

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90072 019 \*\*\*150.00

Principal Place of Business

2135 LOWSON BLVD. H-103  
DELRAY BEACH FL 33445

Mailing Address

2135 LOWSON BLVD. H-103  
DELRAY BEACH FL 33445

2. Principal Place of Business

1001 N. U.S. Hwy One

Suite, Apt. #, etc.

# 400

City & State

Jupiter, FL

Zip

33477

Country

3. Mailing Address

6335-1 Riverwalk Ln

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0869171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLOHN, BONNIE S  
2135 LOWSON BLVD.  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

KLOHN, Bonnie S.

Street Address (P.O. Box Number is Not Acceptable)

6335-1 RIVERWALK LANE

City

JUPITER

Zip Code

33458

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTD  
KLOHN, JAMES A  
~~2135 LOWSON H103~~  
~~DELRAY BEACH FL 33445~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPSD  
KLOHN, BONNIE S  
~~2135 LOWSON H103~~  
~~DELRAY BEACH FL 33445~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

1001 N. U.S. Hwy One, #200  
Jupiter, FL 33477

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

1001 N. U.S. Hwy One, #200  
Jupiter, FL 33477

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4-10-01-5615752110

CR2E034 (10/00)