2000 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2000 8:00 am DOCUMENT # P99000018234 **Secretary of State** JUPITER ISLAND PROPERTIES, INC. 02-10-2000 90034 047 ***150 00 Principal Place of Business Mailing Address 8000 NORTH A1A 8000 NORTH A1A D6211324 VERO BEACH FL 32693 VERO BEACH FL 32963-4216 3. Mailing Address 7777 North AlA 2. Principal Place of Business 273 South U.S. Fighway 1 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0899033 City & State City & State Applied For Vero Beach, Florida Tequesta, Florida Not ≛....... Country Zip \$8.75 Additional 5. Certificate of Status Desired 32963 USA 33469 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Philippe Esquire Jeck JECK, PHILIPPE Street Address (P.O. Box Number is Not Acceptable) 1061 E. INDIANTOWN ROAD c/o Jeck, Harris & Jones, LLP JUPITER FL 33477 1061 East Indiantown Road, Suite 400 City Jupiter. Zip Code 33477 pent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state 02/04/2000 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered dititie il applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. $\overline{ t PD}$ X1 · · · TITLE ☐ Delete TITLE Simpson, R. Mason SIMPSON, R M NAME NAME 8000 NORTH A1A STREET ADDRESS STREET ADDRESS 1736 Ocean Drive VERO BEACH FL 32693 CITY-ST-ZIP CITY-ST-ZIP Vero Beach, Florida 32963 <u>γ</u>.... Change ☐ Delete TITLE TITLE NAME Simpson, Cheryl R. NAME STREET ADDRESS STREET ADDRESS 1736 Ocean Drive CITY-ST-ZIP CITY-ST-ZIP <u>Vero Beach, Florida</u> 32963 ☐_Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change \Box ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

(561)231-3131

01/10/2000

Daytime Phone #