

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90116 047 \*\*\*150.00

**DOCUMENT # S83307**

1. Entity Name  
**JESTER ASSOCIATES, INC.**

Principal Place of Business  
**5100 SOUTH CLEVELAND AVENUE**  
**PAGE PLAZA SHOPPING CENTER UNIT 318**  
**FORT MYERS FL 33907-1326**

Mailing Address  
**5100 SOUTH CLEVELAND AVENUE**  
**PAGE PLAZA SHOPPING CENTER UNIT 318**  
**FORT MYERS FL 33907-1326**

2. Principal Place of Business  
**9237 CORAL ISLE WAY**  
 Suite, Apt. #, etc.  
**5100 S. CLEVELAND**

3. Mailing Address  
 Suite, Apt. #, etc.  
**# 318-393**

City & State  
**FT. MYERS, FL**  
 Zip  
**33907**  
 Country  
**USA**

City & State  
**FT MYERS, FL**  
 Zip  
**33907**  
 Country  
**USA**

4. FEI Number **65-0289084**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERWITZ, ESTHER D.**  
**5100 S CLEVELAND AVE**  
**PAGE PLAZA SHOPPING CNTE UNIT 318**  
**FT MEYERS FL 33907**

7. Name and Address of New Registered Agent  
 Name  
**ESTHER D. HERWITZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9237 CORAL ISLE WAY**  
 City  
**FT. MYERS** **FL** Zip Code  
**33919**

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 **Esther D Herwitz, Pres** **ESTHER D HERWITZ** **1-11-01**  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERWITZ, ESTHER D		NAME		
STREET ADDRESS	5100 S. CLEVELAND AVE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERWITZ, GERALD A		NAME		
STREET ADDRESS	5100 S. CLEVELAND AVE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Esther D Herwitz** **1-11-01** **UNTIL 2-2-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **941275-1055**  
 Date **454-5161**

CR2E034 (10/00)