

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 16, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706442**

1. Entity Name  
**PENSACOLA JAYCEES, INC.**

Principal Place of Business 3689 E OLIVE RD P.O. BOX 972 PENSACOLA 32595	FL	Mailing Address 3689 E. OLIVE RD. P.O. BOX 972 PENSACOLA FLA 32595	US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3689 E. OLIVE RD. Suite, Apt. #, etc. P.O. BOX 972
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City & State PENSACOLA	FL
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Zip 32595	Country US
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4. FEI Number <b>59-0782240</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SUTHERLAND, STEVE  
 311 NORTH SPRING STREET  
  
 PENSACOLA FL  
 32501 US

**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 \_\_\_\_\_ DATE **03/16/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS			
TITLE	VD	<input type="checkbox"/> Delete	
NAME	EMMONS ANGEL		
STREET ADDRESS	710 SCENIC HIGHWAY 3106		
CITY-ST-ZIP	PENSACOLA FL 32503		
TITLE	DD	<input type="checkbox"/> Delete	
NAME	SOUTHERN REBECCA		
STREET ADDRESS	710 SCENIC HIGHWAY #106		
CITY-ST-ZIP	PENSACOLA FL 32503		
TITLE	CD	<input type="checkbox"/> Delete	
NAME	PARKER ROBERT		
STREET ADDRESS	3689 E OLIVE RD		
CITY-ST-ZIP	PENSACOLA FL 32595		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	BURROUGH RICK		
STREET ADDRESS	856 TARPON DRIVE		
CITY-ST-ZIP	FT WALTON BEACH FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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