

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 59-0782240	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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