

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90110 006 \*\*\*\*61.25

**DOCUMENT # 706442**

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

Principal Place of Business 3689 E OLIVE RD P.O. BOX 972 PENSACOLA FL 32595 US	Mailing Address 3689 E. OLIVE RD. P.O. BOX 972 PENSACOLA FL 32595 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-0782240</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SUTHERLAND, STEVE**  
**311 NORTH SPRING STREET**  
**PENSACOLA FL 32501**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <i>D Patrick Martin</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>1035 E. Maxwell St.</i>	
CITY-ST-ZIP <i>Pensacola, FL 32503</i>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: SIGNATURE SECURED Date: 3/5/01 Daytime Phone #: 850-476-9028

CR2E037 (10/00)