2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90075 041 ****61.25

DOCUMENT # 714422

1. Entity Name

JAYCEES INTERNATIONAL (JCI) FOUNDATION, INC.

Principal Place of Business	Mailing Address
400 UNIVERSITY DR P.O. BOX 140577 CORAL GABLES FL 33114-7577 US	400 UNIVERSITY DR P.O. BOX 140577 CORAL GABLES FL 33114-0577 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 59-7109724 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLERBE, BENNY 400 UNIVERSITY DRIVE CORAL GABLES FL 33134	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOI, YONG SUK 400 UNIVERSITY DRIVE CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NISKANEN, PETRI 400 UNIVERSITY DRIVE CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Au-Yeung, Caroline 400 University Drive Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEE TAN, ELTON 400 UNIVERSITY DRIVE CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bisdee, Karyn 400 University Drive Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELLERBE, BENNY 400 UNIVERSITY DRIVE CORAL GABLES, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Benny Ellerbe 4/17/00 305-446-7608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #