## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jun 14, 2001 8:00 am Secretary of State DOCUMENT # \(\(\frac{1}{2}\) 1. Entity Name 06-14-2001 90013 025 \*\*\*\*61.25 Jaycees International (JCI) Foundation, Inc. Mailing Address Principal Place of Business AUU73210 400 University Drive Same P.O. Box 140577 Coral Gables FL 33114-7577 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-7109724 Not Applicable Zip Country Zbo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ellerbe, Benny Street Address (P.O. Box Number is Not Acceptable) 400 University Drive Coral Gables FL 33134 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tide if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 CELETY STARTED IN OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. IIILE President ☐ Delete TITLE NAME NALE Bouverat, Georges STREET ADDRESS 400 University Drive STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Coral Gables FL 33134 ☐ Change ■ Addition Past President □ Delete TITLE TITLE NAME NAME Bisdee, Karyn STREET ADDRESS STREET ADDRESS 400 University Drive CITY-ST-ZIP CITY-ST-ZIP <u> Coral Gables, FL 33134</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE Treasurer NAME NAME Seidel, Eric STREET ADDRESS STREET ADORESS 400 University Drive Coral Gables, FL 33 CITY-ST-ZIP CHTY-ST-ZIP ☐ Change ☐ Addition TITLE Secretary General ☐ Delete TITLE Ellerbe, Benny MALE NAME STREET ADDRESS STREET ADDRESS 400 University Drive CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33134 ■ Addition ☐ Change ☐ Delete MLE MLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Change ■ Addition Oelete TITLE TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of trustree 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 officers, with all other like empowered.

Benny Ellerbe May 22,

ED TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR

2001

305-446-7608

FILED