2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90017 023 ****61.25

DOCUMENT # 739362

1. Entity Name

COCONUT GROVE JAYCEES, INC.

P

Principal Place of Business	Mailing Address
~~7816 SW 58 AVE~~ S MIAMI FL 33143 US	~~7851 SW 58TH AVE~~ S MIAMI FL 33143-4452 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12300 SW 115 Terr	12300 SW 115 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33186 Country: US	Zip: 33186 Country: US

4. FEI Number: 59-1752539 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOFFMANN, J. BRUCE
5915 PONCE DE LEON BLVD
SUITE 60
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: JAMES J. MOORE

Street Address (P.O. Box Number is Not Acceptable)

12300 SW 115 TERRACE

City: MIAMI FL Zip Code: ~~33~~186

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: _____ JAMES J MOORE 2/10/2000

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	P FUENTES, LOUIS 7516 SW 58 AVE S MIAMI FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~ PRESIDENT JIM MOORE 12300 SW 115 TERRACE MIAMI, FL 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FUENTES, HILL 7516 SW 58 AVE MIAMI FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HART, DOUG 4520 NW 79 AVE 2-D MIAMI FL 33166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BETH VELAPOLDI 10610 SW 126 AVENUE MIAMI, FL 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KYLE, KATE 8911 SW 142 AVE 5-210 MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PERRICONE, SUSAN 4520 SW 102 PL MIAMI FL 33165	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MIKE ARCHEY 1132 SE 7 COURT #303 DANIA, FL 33004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEASLEY, SCOTT 6924 SW 114 PL B MIAMI FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOBBIE EWBANK 11720 SW 110 LANE MIAMI, FL 33186	☒ 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: _____ JAMES J. Moore, President 2/10/2000 (305)279-2134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #