# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 16, 2001 8:00 am**
**Secretary of State**
05-16-2001 90051 006 ****61.25

0002703

DOCUMENT # 739362

1. Entity Name

COCONUT GROVE JAYCEES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12300 SW 115 TERRACE<br>MIAMI FL 33186<br>US | 12300 SW 115 TERRACE<br>MIAMI FL 33186<br>US |

655296

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 59-1752539 ☐ 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

Patrick Knight
25 W. Flagler, Penthouse
Miami, FL 33130

**7. Name and Address of New Registered Agent**

Name Patrick Knight
Street Address (P.O. Box Number is Not Acceptable) 25 W. Flagler St.
Penthouse
City Miami **FL** Zip Code 33130

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 _____ Patrick Knight, President 5/1/01
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<br>FUENTES, LOUIS<br>7516 SW 58 AVE<br>S MIAMI FL 33143 | ☒ Delete | (P) Patrick Knight<br>25 W. Flagler St., Penthouse<br>Miami, FL 33130 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>FUENTES, HILL<br>7516 SW 58 AVE<br>MIAMI FL 33143 | ☒ Delete | (T) Roger Cruz<br>25 W. Flagler St, Penthouse<br>Miami, FL 33130 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HART, DOUG<br>4520 NW 79 AVE 2-D<br>MIAMI FL 33166 | ☒ Delete | (VP) Beth Vehpoldi<br>10610 SW 126 Ave<br>Miami, FL 33186 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KYLE, KATE<br>8911 SW 142 AVE 5-210<br>MIAMI FL 33186 | ☒ Delete | (D) Sonny Valladares<br>10857 NW 7th, # 21<br>Miami, FL 33193 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PERRICONE, SUSAN<br>4520 SW 102 PL<br>MIAMI FL 33165 | ☒ Delete | (VPD) Hill Coyle<br>7516 SW 58th Ave<br>Miami, FL 33143 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>~~BEASLEY, SCOTT~~<br>~~6924 SW 114 PL~~ B<br>~~MIAMI FL 33173~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change | ☐ Addition |

CR2E037 (10/00)

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~~ Treasurer 5/1/01 (305) 726-8998