2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
01 MAR 15 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0027425

DO NOT WRITE IN THIS SPACE

1. Entity Name
CALLERLAB - THE INTERNATIONAL ASSOCIATION OF SQUARE DANCE CALLERS

Principal Place of Business: 467 FORREST AVE, SUITE 118, COCOA, FL 32922

Mailing Address: 467 FORREST AVE, SUITE 118, COCOA, FL 32922

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 51-0155428
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
REED, JERRY
467 FORREST AVE, SUITE 118
COCOA, FL 32922

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 _____
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	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAYO, JIM	NAME	
STREET ADDRESS	79 MASA POND RD	STREET ADDRESS	
CITY-ST-ZIP	HAMPSTEAD, NH 03841	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACOBS, MIKE	NAME	
STREET ADDRESS	PO BOX 464	STREET ADDRESS	
CITY-ST-ZIP	HERNDON, VA 20172	CITY-ST-ZIP	
TITLE	STD ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	REED, JERRY	NAME	
STREET ADDRESS	443 TAMARIND CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

SP

CR2E037 (11/00)

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 it 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: JERRY L. REED 2-22-01 321-639-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #