2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-30-2001 90034 025 ****61.25

DOCUMENT # W00000005642

1. Entity Name
JACKSONVILLE JAYCEES COMMUNITY FOUNDATION, INC.

A0072276

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
*P.O. BOX 10603 JACKSONVILLE, FL 32247-0603	(SAME) *CHANE FROM LAST YEAR.

2. Principal Place of Business	3. Mailing Address
*P.O. BOX 10603 Suite, Apt. #, etc.	*P.O.BOX 10603 Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32247-0603 Country: USA	Zip: 32247-0603 Country: USA

4. FEI Number: 59-3646918 ☐ 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
JOEL JENKINS 1701 12TH AVE. N. JACKSONVILLE, FL 32206	Name: PAUL HULL Street Address (P.O. Box Number is Not Acceptable): 2030 KINGSWOOD ROAD City: JACKSONVILLE FL Zip Code: 32207

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: Paul Hull PAUL HULL, TREASURER 4/28/01
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	JENS, BRAD 5297 OXFORD CREST DR. JACKSONVILLE, FL 32258	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, ERIC 7224 RAMOTH DR. FORT GEORGE, FL 32226	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SMITH, MICHELLE 2610 DALE VIEW DR. JACKSONVILLE, FL 32225	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEWIS, JOHN 5184 NORWOOD AVE. JACKSONVILLE, FL 32298	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BATES, KAILAH 3405 HERSCHEL ST. JACKSONVILLE, FL 32205	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PAUL HULL 2030 KINGSWOOD RD. JACKSONVILLE, FL 32207	☑ 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 (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 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: Paul Hull PAUL HULL 4/28/01 (904)727-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #