2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91263 039 ****61.25

DOCUMENT # N00000005642

1. Entity Name

JACKSONVILLE JAYCEES COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
PO BOX 10603 JACKSONVELLE FL 32247-0603	PO BOX 10603 JACKSONVELLE FL 32247-0603

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 59-3646918 ☐ 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
HULL, PAUL 2030 KINGSWOOD RD. JACKSONVILLE FL 32207	Name: Kailah Bates Street Address (P.O. Box Number is Not Acceptable): 3405 Herschel Street City: Jacksonville FL Zip Code: 32205

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] 4-30-02

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	TD HULL, PAUL 2030 KINGSWOOD RD. JACKSONVILLE FL 32207	☐ Delete	VPD 780 Oakland Hills Circle #106 Lake Mary Florida 32746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, ERIC 7224 RAMOTH DR. FORT GEORGE FL 32226	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEWIS, JOHN 5184 NORWOOD AVE. JACKSONVILLE FL 32298	☑ Delete	SC Tom Gibson 11137 Coldfield Drive Jacksonville Fl 32250	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BATES, KAILAH 3405 HERSCHEL ST. JACKSONVILLE FL 32205	☐ Delete	TD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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] Kailah Bates 4-30-02 904-363-5978

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