

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90357 040 ****61.25

DOCUMENT # N94000001341

1. Entity Name
JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB, INC.

Principal Place of Business Mailing Address
2363 JENNIE LN POST OFFICE BOX 57644
GREEN COVE SPRINGS FL 32043 JACKSONVILLE FL 32241-7644
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6039 Bridgewater Cir POST OFFICE Box 57644
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ponte Vedra Beach FL

City & State City & State
JACKSONVILLE, FL

Zip Country Zip Country
32082 U.S.A 32241-7644 US

4. FEI Number Applied For
59-3353389 Not Applicable

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

6. Name and Address of Current Registered Agent
~~MORGAN, JANET R~~
2363 JENNIE LN
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent
 Name **Kelly Voytecek**
 Street Address (P.O. Box Number is Not Acceptable)
6039 Bridgewater Circle
 City **Ponte Vedra Beach FL** Zip State **32082**

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 *Kelly A Voytecek* DATE **4-9-02**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, JANET R	
STREET ADDRESS	2363 JENNIE LN	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LANGFORD, MELISSA	
STREET ADDRESS	1220 CREEK BEND RD	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARTINKO, DEBBY	
STREET ADDRESS	2137 POND SPRING WAY	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DOMIANO, DONNA	
STREET ADDRESS	12860 ALLPORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Voytecek	
STREET ADDRESS	6039 Bridgewater Cir.	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nery Di Deo	
STREET ADDRESS	620 Hampton Downs Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tammy Partain	
STREET ADDRESS	10293 Ripple Rush Dr. W	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa Langford	
STREET ADDRESS	1220 Creek Bend Rd	
CITY-ST-ZIP	Jax FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kelly A Voytecek* DATE: **4-9-02** DAYTIME PHONE #: **904-285-0723**

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

CR2E037 (9/01)