

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002064

1. Entity Name

ENGLEWOOD JAYCEES CHARITABLE FOUNDATION, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90009 050 ****61.25

Principal Place of Business

6430 ROSEWOOD DR
ENGLEWOOD FL 34224

Mailing Address

6430 ROSEWOOD DR
ENGLEWOOD FL 34224

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

65-0454731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BUSH, CHARLES
6430 ROSEWOOD DR
ENGLEWOOD FL 34224

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RUSSELL, SCOTT	7323 HEAPFORD TERR.	PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/>
D	BUSH, TAMMY	6430 ROSEWOOD DR	ENGLEWOOD FL 34224	<input type="checkbox"/>
D	RUSSELL, DENISE	7323 HEAPFORD TERR.	PORT CHARLOTTE FL 33981	<input type="checkbox"/>
D	BARNHARD, JR	10493 GREENWAY AVE	ENGLEWOOD FL 34224	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	MONTGOMERY, TRACY	10309 GREENWAY AVENUE	ENGLEWOOD, FL 34224	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Tracy Montgomery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

Daytime Phone #

CR2E037 (10/00)