

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90735 032 ****61.25

DOCUMENT # N94000002064

1. Entity Name
ENGLEWOOD JAYCEES CHARITABLE FOUNDATION, INC.



Principal Place of Business

6430 ROSEWOOD DR
ENGLEWOOD FL 34224

Mailing Address

6430 ROSEWOOD DR
ENGLEWOOD FL 34224

2. Principal Place of Business

6430 Rosewood DR

Suite, Apt. #, etc.

3. Mailing Address

6430 Rosewood DR

Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL

City & State
ENGLEWOOD, FL

4. FEI Number **65-0454731**

Applied For

Not Applicable

Zip
34224

Country
USA

Zip
34224

Country
USA

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

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
MONTGOMERY, MARTY

Street Address (P.O. Box Number is Not Acceptable)
10309 Greenway Ave

City **ENGLEWOOD** **FL** **Zip Code** **34224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARTY MONTGOMERY**
Signature, typed or printed name of registered agent and title if applicable.

MARTY MONTGOMERY

4/13/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MONTGOMERY, TRACY**
STREET ADDRESS **10309 GREENWAY AVENUE**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☐ Delete
NAME **BUSH, TAMMY**
STREET ADDRESS **6430 ROSEWOOD DR**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☒ Delete
NAME **RUSSELL, DENISE**
STREET ADDRESS **7323 HEAPFORD TERR.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **D** ☒ Delete
NAME **BARNHARD, JR**
STREET ADDRESS **10493 GREENWAY AVE**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☒ Delete
NAME **CARDEN, THOMAS**
STREET ADDRESS **8418 OSPREY ROAD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **PD** ☒ Delete
NAME **QUINN, LARRY**
STREET ADDRESS **1309 E VENICE AVENUE**
CITY-ST-ZIP **VENICE FL 34292**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **ALEXANDER, REBECCA**
STREET ADDRESS **10324 GREENWAY AVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **D** ☐ Change ☒ Addition
NAME **CODER, LARRY**
STREET ADDRESS **1161 SHARLO CIR**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **D** ☐ Change ☒ Addition
NAME **BUSH, CHARLES**
STREET ADDRESS **6430 ROSEWOOD DR**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **P** ☐ Change ☒ Addition
NAME **MONTGOMERY, MARTY**
STREET ADDRESS **10309 GREENWAY AVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

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: **MARTY MONTGOMERY** **4/13/03** **(941) 473-3463**

CR2E037 (10/02)