

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **201 COR**  
 1. Entity Name **NON-PROFIT**  
**JOYFUL RELEASE INC.**  
**NA91000003186**

FILED

00 APR 27 AM 9:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**416 N.W. 1ST AVE.** **416 N.W. 1ST AVE**  
**BOYNTON BEACH, FLA.** **BOYNTON BEACH, FLA.**  
**33435** **33435**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Boynton Beach, Fla.** **Boynton Beach, Fla.**  
 Zip Country Zip Country  
**33435** **FLA.** **33435** **FLA.**

4. FEI Number **65-0981947**  
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**JAMES W. GRAHAM PRESIDENT**  
**416 N.W. 1ST AVE.**  
**BOYNTON BEACH, FLA.**  
**33435**

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  
**NON-PROFIT**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000: Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>JAMES W. GRAHAM</b>	
STREET ADDRESS <b>416 NW. 1ST AVE.</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FLA. 33435</b>	
TITLE <b>S/T/D</b>	<input type="checkbox"/> Delete
NAME <b>LUCY G. GRAHAM</b>	
STREET ADDRESS <b>416 N.W. 1ST AVE.</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FLA. 33435</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>TROY S. GIDDENS</b>	
STREET ADDRESS <b>218 S.W. 7th AVE.</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FLA. 33435</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>JAMES H. VICK</b>	
STREET ADDRESS <b>7070 PERKE DRIVE</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FLA. 32210</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>FRED J. ORCHINI</b>	
STREET ADDRESS <b>1310 N. 11th STREET</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FLA. 33466-1950</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>100003241411--1</b>
	<b>-05/05/00-01093-012</b>
	<b>*****61.25 *****61.25</b>
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James W. Graham** **JAMES W. GRAHAM** **4-24-00** **(1-56) 732-7777**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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