

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

0016163

05-15-2001 90182 033 \*\*\*\*70.00

**DOCUMENT # N99000007207**

1. Entity Name

**CHILDREN'S CHRISTMAS PARTY OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

2217 MILLER OAKS DR NORTH  
 JACKSONVILLE FL 32217

2217 MILLER OAKS DR NORTH  
 JACKSONVILLE FL 32217

**60066118**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3611757**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**STOREY, R TRAVIS**  
 2217 MILLER OAKS DR NORTH  
 JACKSONVILLE FL 32217

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 *R. Travis Storey*  
 Signature, typed or printed name of registered agent and title if applicable.

*4/29/01*  
 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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STOREY, R. TRAVIS</b>	
STREET ADDRESS	<b>2217 MILLER OAKS DR NORTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STOREY, MARGARET</b>	
STREET ADDRESS	<b>2217 MILLER OAKS DR NORTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MUNZ, MICHAEL</b>	
STREET ADDRESS	<b>117 W DUVAL STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, JOYCE</b>	
STREET ADDRESS	<b>1851 SOUTHAMPTON ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NOBLE, NANCY</b>	
STREET ADDRESS	<b>4306 PABLO OAKS COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, BOBBY</b>	
STREET ADDRESS	<b>ONE RIVERESIDE AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Don Davis</b>	
STREET ADDRESS	<b>9540 San Jose Blvd</b>	
CITY-ST-ZIP	<b>Jacksonville, Florida 32257</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Russell Selevan</b>	
STREET ADDRESS	<b>4030 Phillips Highway</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fran Selevan</b>	
STREET ADDRESS	<b>4030 Phillips Highway</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ed Buttner</b>	
STREET ADDRESS	<b>7800 Belfort Pkwy</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Judy Garfinkel</b>	
STREET ADDRESS	<b>7301 Baymeadows Way</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David McGehee</b>	
STREET ADDRESS	<b>4030 Phillips Hwy</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>	

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 Storey*

*4/29/01*

CR2E037 (10/00)