

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2000 08:00 AM  
Secretary of State

DOCUMENT # 706442

1. Entity Name

PENSACOLA JAYCEES, INC.

Principal Place of Business

Mailing Address

3689 E OLIVE RD  
P.O. BOX 972  
PENSACOLA  
32595

FL

US

3689 E. OLIVE RD.  
P.O. BOX 972  
PENSACOLA FLA  
32595

US

2. Principal Place of Business

3. Mailing Address

3689 E. OLIVE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 972

City & State

City & State

PENSACOLA

FL

Zip

Country

Zip

Country

32595

US

4. FEI Number

59-0782240

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

7. Name and Address of New Registered Agent

SUTHERLAND, STEVE  
311 NORTH SPRING STREET

PENSACOLA  
32501

FL

US

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.)

03/16/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
EMMONS ANGEL  
710 SCENIC HIGHWAY 3106  
PENSACOLA FL 32503 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DD  
SOUTHERN REBECCA  
710 SCENIC HIGHWAY #106  
PENSACOLA FL 32503 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CD  
PARKER ROBERT  
3689 E OLIVE RD  
PENSACOLA FL 32595 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
BURROUGH RICK  
856 TARPON DRIVE  
FT WALTON BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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.