

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90279 041 \*\*\*\*61.25

**DOCUMENT # 707276**

1. Entity Name

**DAYTONA BEACH JAYCEES, INC.**

Principal Place of Business

208 CEDAR ST  
DAYTONA BEACH FL 32114  
US

Mailing Address

208 CEDAR ST  
DAYTONA BEACH FL 32114

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

**59-6045257**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CRUZ, KARNE  
746 TUMBLE BROOK DR  
DAYTONA BEACH FL 32127

7. Name and Address of New Registered Agent

Name **Paul Carpenella**  
Street Address (P.O. Box Number is Not Acceptable)  
**189 Moonstone Court**  
City **Port Orange** **FL** Zip Code **32119**

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

*Paul R. Carpenella*

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, KARIE	
STREET ADDRESS	746 TUMBLE BROOK DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, RAFAEL	
STREET ADDRESS	746 TUMBLE BROOK DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, RAFAEL	
STREET ADDRESS	746 TUMBLE BROOK DR	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CULVER, PAUL	
STREET ADDRESS	111 WHEELER AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RYDMAN, MARICA	
STREET ADDRESS	11 HONEY BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, JOE	
STREET ADDRESS	5496 S NOVA RD	
CITY-ST-ZIP	PORT ORANGE FL 32127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Carpenella	
STREET ADDRESS	189 Moonstone Court	
CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	OV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laureen Connor	
STREET ADDRESS	107 Powell Blvd #3105	
CITY-ST-ZIP	Daytona Beach FL 32115	
TITLE	Liz Dickinson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O/V	
STREET ADDRESS	1720 Queen Palm	
CITY-ST-ZIP	Edgewater, FL 32132	
TITLE	Ed Dean	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O/V	
STREET ADDRESS	1012 Sylva Drive	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katie Carpenella	
STREET ADDRESS	189 Moonstone Court	
CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Goldberg	
STREET ADDRESS	5496 S. Nova Road	
CITY-ST-ZIP	Port Orange, FL 32127	

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:

*Joe Goldberg* **REQUIRE**

4/17/01

904-252-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)