

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90368 025 ****61.25

DOCUMENT # 707276

1. Entity Name

DAYTONA BEACH JAYCEES, INC.

Principal Place of Business

Mailing Address

**208 CEDAR ST
 DAYTONA BEACH FL 32114
 US**

**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

7. Name and Address of New Registered Agent

**CARPERELLA, PAUL
 189 MOONSTONE COURT
 PORT ORANGE FL 32119**

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

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 **PD**
 NAME **CARPERELLA, PAUL** ☐ Delete
 STREET ADDRESS **189 MOONSTONE COURT**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **DV**
 NAME **Carperella, Paul** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV**
 NAME **CONNER, LAUREN** ☐ Delete
 STREET ADDRESS **107 POWELL BLVD. # 3105**
 CITY-ST-ZIP **DAYTONA BEACH FL 32115**

TITLE **PD**
 NAME **Conner, Lauren** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV**
 NAME **DICKINSON, LIZ** ☒ Delete
 STREET ADDRESS **1720 QUEEN PALM**
 CITY-ST-ZIP **EDGEWATER FL 32132**

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

TITLE **DV**
 NAME **DEAN, ED** ☒ Delete
 STREET ADDRESS **1012 SYLNG DRIVE**
 CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE **SD**
 NAME **CARPERELLA, KATIE** ☐ Delete
 STREET ADDRESS **189 MOONSTONE COURT**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **PD**
 NAME **Carperella, Katie** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD**
 NAME **GOLDBERG, JOE** ☐ Delete
 STREET ADDRESS **5496 S NOVA ROAD**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02 386-252-4500

CR2E037 (9/01)