

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710531

1. Entity Name

THE TAMPA JAYCEES, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90240 027 \*\*\*\*61.25

Principal Place of Business

501 KNIGHTS RUN AVENUE  
STE. 2121  
TAMPA FL 33602-5946  
US

Mailing Address

501 KNIGHTS RUN AVENUE  
STE. 2121  
TAMPA FL 33602-5946  
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 75819

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

4. FEI Number

59-0536835

Applied For

Not Applicable

Zip

Country

Zip

Country

33675

USA

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

CUMMING, J. BRUCE JR  
501 KNIGHTS RUN AVENUE  
STE. 2121  
TAMPA FL 33602

Name

SAME AS BEFORE

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

J. Bruce Cumming Jr

23 FEB 00

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 ☒ Delete  
NAME ANDERSON, JAMES W  
STREET ADDRESS 2424 TAMPA BAY BLVD., B203  
CITY-ST-ZIP TAMPA FL 33607

TITLE VPD ☐ Delete  
NAME ECKER, CASSANDRA  
STREET ADDRESS 1914 DEKLE AVE., 3  
CITY-ST-ZIP TAMPA FL 33606

TITLE VPD ☒ Delete  
NAME LEIBY, ROBIN L  
STREET ADDRESS 2424 TAMPA BLVD, B203  
CITY-ST-ZIP TAMPA FL 33607

TITLE VPD ☒ Delete  
NAME SCOTT, RHONDA  
STREET ADDRESS 7028 W. WATERS AVE., 324  
CITY-ST-ZIP TAMPA FL 33634

TITLE SD ☒ Delete  
NAME NANDALURUI, BART  
STREET ADDRESS 4003 S. WESTSHORE BLVD., 4303  
CITY-ST-ZIP TAMPA FL 33611

TITLE T ☐ Delete  
NAME CUMMING, J. BRUCE JR  
STREET ADDRESS 501 KNIGHTS RUN AVENUE, 2121  
CITY-ST-ZIP TAMPA FL 33602

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition  
NAME ECKER, CASSANDRA  
STREET ADDRESS 1914 DEKLE AVENUE, UNIT 3  
CITY-ST-ZIP TAMPA, FLORIDA 33606

TITLE VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition  
NAME DEAN PROCTER  
STREET ADDRESS 3106 SEAWAY COURT, UNIT 302  
CITY-ST-ZIP TAMPA, FLORIDA 33629

TITLE VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition  
NAME JENNIFER NOLAN  
STREET ADDRESS 3401 NORTH LAKEVIEW DRIVE, UNIT 511  
CITY-ST-ZIP TAMPA, FLORIDA 33615

TITLE VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition  
NAME GAYLE TARNOR  
STREET ADDRESS 1336 THOMASVILLE CIRCLE  
CITY-ST-ZIP TAMPA, FLORIDA 33617

TITLE SECRETARY/DIRECTOR ☒ Change ☐ Addition  
NAME KELLY BALLARD  
STREET ADDRESS 4003 SOUTH WESTSHORE BOULEVARD  
CITY-ST-ZIP TAMPA, FLORIDA 33611

TITLE TREASURER/DIRECTOR ☐ Change ☐ Addition  
NAME SAME AS BEFORE

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:

J. Bruce Cumming Jr

23 FEB 00 (813) 221-2290

Date

Daytime Phone #

CR2507 0/00