

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # 710531

1. Entity Name
 THE TAMPA JAYCEES, INC.

Principal Place of Business
 501 KNIGHTS RUN AVENUE
 STE. 2121
 TAMPA FL 336025946 US

Mailing Address
 P.O. BOX 75819
 TAMPA FL 33675 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-0536835
 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
 CUMMING J. BRUCE JR
 501 KNIGHTS RUN AVENUE
 STE. 2121
 TAMPA FL 33602 US

7. Name and Address of New Registered Agent
 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 _____ DATE **04/27/2001**
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	T	<input type="checkbox"/> Delete
NAME	CUMMING J. BRUCE JR	
STREET ADDRESS	501 KNIGHTS RUN AVENUE, 2121	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALLARD KELLY	
STREET ADDRESS	4003 SOUTH WEST BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TARNOR GAYLE	
STREET ADDRESS	13336 THOMASVILLE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NOLEN JENNIFER	
STREET ADDRESS	3401 NORTH LAKEVIEW DRIVE, UNIT 511	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ECKER CASSANDRA	
STREET ADDRESS	1914 DEKLE AVE., 3	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CASSANDRA ECKEC	
STREET ADDRESS	1914 DEKIE AVE UNIT 3	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD KELLY	
STREET ADDRESS	4003 SOUTH WESTSHORE BLVD, #4106	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLUCCI DAN	
STREET ADDRESS	16308 CYPRESS MULCH CIRCLE, APT. 2402	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISBITZ HEATHER	
STREET ADDRESS	6161 N. MEMORIAL HWY, APT. 807	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLIVER MATTHEW	
STREET ADDRESS	11806 RAINTREE DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPURLIN STEPHEN	
STREET ADDRESS	1902 BELL RANCH ST.	
CITY-ST-ZIP	BRANDON FL 33511	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: KELEY BALLARD S **04/27/2001**

CR2E037 (11/00)