

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710531

1. Entity Name

THE TAMPA JAYCEES, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90811 037 ****61.25

007622

Principal Place of Business 501 KNIGHTS RUN AVENUE STE. 2121 TAMPA FL 33602-5946 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	
Zip	Country	Zip	Country
4. FEI Number 59-0536835		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			



DO NOT WRITE IN THIS SPACE

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 FeesMake 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	PD SPURLIN, STEPHEN 1902 BELL RANCH ST. BRANDON FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Kaufman, Heather I. 11827 96th Place Seminole, Florida 33772-2237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOLLIVER, MATTHEW 11806 RAIN TREE DR. TEMPLE TERRACE FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Director Ecker, Cassandra 5808 North Miami Place Tampa, Florida 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ISBITZ, HEATHER 6161 N. MEMORIAL HWY, APT. 807 TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Director West, Marcie 362 Los Prados Drive, Florida 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLUCCI, DAN 16308 CYPRESS MULCH CIRCLE, APT. 2402 TAMPA FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Director Watford, Sabrina 1408 South Lorenzo Avenue, Unit B-7 Tampa, Florida 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALLARD, KELLY 4003 SOUTH WESTSHORE BLVD, #4106 TAMPA FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Director Bohn, Joanne 7440 Quay Court Tampa, Florida 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUMMING, J. BRUCE JR 501 KNIGHTS RUN AVENUE, 2121 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Cumming, J. Bruce, Jr. 501 Knights Run Avenue, Unit 2121 Tampa, Florida 33602-5946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CUMMING, J. BRUCE JR. 27 JUN 02 (813)221-2290

CR2E037 (9/01)