

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710962

1. Entity Name

THE LAKELAND JAYCEES INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90803 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2000 N. GILMORE AVE.  
LAKELAND FL 33805  
US

POST OFFICE BOX 92333  
LAKELAND FL 33804-2333

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

59-1712054

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

PHILLIPS, MARSHA BAGLEY  
2244 CRYSTAL GROVE LANE  
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

7829 Fox Squirrel Circle

City

FL

Zip Code

33809

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 CD ☒ Delete  
NAME JONES, CHERYL  
STREET ADDRESS 2208 KING AVE  
CITY-ST-ZIP LAKELAND FL

TITLE TD ☐ Delete  
NAME WEINISCHKE, JILL  
STREET ADDRESS 1703 SIMS PLACE  
CITY-ST-ZIP LAKELAND FL

TITLE PD ☒ Delete  
NAME WEINISCHKE, BRAD  
STREET ADDRESS 1703 SIMS PLACE  
CITY-ST-ZIP LAKELAND FL

TITLE DD ☐ Delete  
NAME HALL, GREGG  
STREET ADDRESS 5843 CRANE DR  
CITY-ST-ZIP LAKELAND FL

TITLE VD ☐ Delete  
NAME LANG, DANA  
STREET ADDRESS 2000 N. GILMORE AVENUE  
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
NAME Kim Cox  
STREET ADDRESS 2000 N. Gilmore Ave.  
CITY-ST-ZIP Lakeland, FL 33805

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)