

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90072 026 \*\*\*\*61.25

**DOCUMENT # 710962**

1. Entity Name

**THE LAKELAND JAYCEES INC.**

Principal Place of Business

2000 N. GILMORE AVE.  
 LAKELAND FL 33805  
 US

Mailing Address

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  
 7829 FOX SQUIRREL CIRCLE  
 LAKELAND FL 33809

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 COX, KIM ☒ Delete  
 STREET ADDRESS 2000 N GILMORE AVE  
 CITY-ST-ZIP LAKELAND FL 33805

TITLE PD  
 NAME David Steffy ☐ Change ☒ Addition  
 STREET ADDRESS 1714 King James Court  
 CITY-ST-ZIP Lakeland, FL 33813

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

TITLE VD  
 NAME SUZI Johnson ☐ Change ☒ Addition  
 STREET ADDRESS 1104 Duncon Ave.  
 CITY-ST-ZIP Lakeland, FL 33801

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

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

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

TITLE DD ☒ Change ☐ Addition  
 NAME 321 Carolyn Dr.  
 STREET ADDRESS Lakeland, FL 33803  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 863-534-6046

Date

Daytime Phone #

CR2E037 (10/00)