

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 719315**

1. Entity Name

ENGLEWOOD JAYCEES, INC.**FILED**
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90010 031 ****61.25

0074738

Principal Place of Business

1160 S. MCCALL RD.
STE B
ENGLEWOOD FL 34223

Mailing Address

1160 S. MCCALL RD.
STE B
ENGLEWOOD FL 34223

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

59-2466856

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLBAUM, R.W., JR.
1160 S. MCCALL RD.
STE B
ENGLEWOOD FL 34223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, SCOTT	
STREET ADDRESS	7323 HEAPFORD TERRACE	
CITY-ST-ZIP	ENGLEWOOD FL 33981	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, DENISE	
STREET ADDRESS	7323 HEAPFORD TERRACE	
CITY-ST-ZIP	ENGLEWOOD FL 33981	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BUSH, TAMMY	
STREET ADDRESS	6430 ROSEWOOD DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNHARD, J R	
STREET ADDRESS	10493 GREENWAY AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, TRACY	
STREET ADDRESS	10309 GREENWAY AVENUE	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tracy Montgomery*SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

Daytime Phone #

CR2E037 (10/00)