NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90739 017 ****61.25

DOCUMENT # 719315

1. Entity Name
ENGLEWOOD JAYCEES, INC.

B0123482

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1160 s. MCCALL RD.	1160 S. MCCALL RD.
Suite, Apt. #, etc. STE BB	Suite, Apt. #, etc. STE B
City & State ENGLEWOOD FL	City & State ENGLEWOOD FL
Zip 34223-4230 Country usa	Zip 34223-4230 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 592466856 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name WELLBAUM, R.W., JR

Street Address (P.O. Box Number is Not Acceptable)
1160 S. MCCALL RD STE B

City ENGLEWOOD FL Zip Code 34223

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	D	TITLE	D
NAME	DENISE RUSSELL	NAME	THOMAS CARDEN
STREET ADDRESS	7323 HEAPFORD TERRACE	STREET ADDRESS	8418 OSPREY RD
CITY-ST-ZIP	ENGLEWOOD, FL 33981	CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	CD	TITLE	P
NAME	TAMMY BUSH	NAME	LARRY QUINN
STREET ADDRESS	6430 ROSEWOOD DR	STREET ADDRESS	1309 E VENICE AVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	VENICE, FL 34292
TITLE	VP	TITLE	
NAME	JR BARNHARD	NAME	
STREET ADDRESS	10493 GREENWAY AVE	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	PD	TITLE	D
NAME	TRACY MONTGOMERY	NAME	TRACY MONTGOMERY
STREET ADDRESS	10309 GREENWAY AVE	STREET ADDRESS	10309 GREENWAY AVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Quinn 05/23/02 941 948-0823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #