

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 732794**

1. Entity Name

**THE ORLANDO JAYCEES, INC.****FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90296 048 \*\*\*\*61.25

Principal Place of Business

POST OFFICE BOX 2047  
ORLANDO FL 32802  
US

Mailing Address

POST OFFICE BOX 2047  
ORLANDO FL 32802  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0385542**

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

MOORE, ROBERT W  
4630 S KIRKMAN RD #108  
ORLANDO FL 32811Name **Robin M. Grunwell**Street Address (P.O. Box Number is Not Acceptable)  
**5525 PGA Boulevard, Apt. 4628**City **Orlando****FL**Zip Code  
**32839**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, ROB</b> <b>4630 S. KIRKMAN RD #108</b> <b>ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KERLEE, JERRY A</b> <b>2541 S SEMORAN BLVD 1712</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRUNWELL, ROBIN</b> <b>6225 WESTGATE DR #709</b> <b>ORLANDO FL 32835</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, NANCY</b> <b>12614 GROVEVIEW WAY</b> <b>SANFORD FL 32773</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEMING, MICHELE</b> <b>3334 BISHOP PARK DRIVE #516</b> <b>WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRISON, AMELIA</b> <b>948 VINERIDGE RUN #303</b> <b>ALAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5925 Bent Pine Drive, #626</b> <b>Orlando, FL 32822</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>5525 PGA Blvd., Apt. 4628</b> <b>Orlando, FL 32839</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b>	<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: *Robin M. Grunwell* SIGNATURE: *Robert W. Moore* *Pro. S.* 1-26-01 407-428-5141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

DOC #782794  
B0013703

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title Name Street Address City-St-Zip	V/D Patrick Lee 5957 Augusta National Dr., #116 Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	V/D Robin Beeken P.O. Box 22384 Lake Buena Vista, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	V/D Bill Pacheco 2543 Acres Court Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	V/D Amanda Magallanes 331 Los Altos Way, #202 Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	S/D Jennifer Huntington 2609 E. Marks Street Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Christopher Banks 4557 S. Kirkman, #2 Orlando, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Deanna Malinowski 13118 Los Angeles Woods Lane Orlando, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Rick Richbourg 899 37th Street Orlando, FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition