

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733760

1. Entity Name

FORT LAUDERDALE JAYCEES, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90123 010 \*\*\*\*61.25

Principal Place of Business

4140 PETERS ROAD  
FT. LAUDERDALE 33317

Mailing Address

4140 PETERS ROAD  
FT. LAUDERDALE 33317-4559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*SAME*

Suite, Apt. #, etc.

*SAME*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1704377

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

BOWEN, RON  
3240 SW 18 ST.  
FT. LAUDERDALE FL 33312

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

*Ronald Bowen* *RONALD BOWEN*

*DEC 99*

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>P</b> <b>YOUNG, LUCIA</b> <b>1711 N W 63RD AVENUE</b> <b>SUNRISE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>BALLINGER, RAQUEL</b> <b>608 S W 75TH TERRACE</b> <b>N LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PALMER, KIMBERLY</b> <b>3924 S W 14TH STREET</b> <b>FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>POWERS, JOHN</b> <b>2453 CATCAY LANE</b> <b>FT LAUDERDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WHALLEY, BRIAN</b> <b>3360 S W 23RD ST</b> <b>FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PULFER, JEFF</b> <b>16370 N W 8TH DRIVE</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete

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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Bowen, Ron*  
*3240 SW 18 ST*  
*FT LAUD FL 33312*

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:

*Ronald Bowen* *(RONALD) BOWEN*

*DEC 99*

*791-0202 (954)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)