

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741327

1. Entity Name

FLORIDA JAYCEE MEMORIAL FOUNDATION, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90003 014 ****70.00

Principal Place of Business

Mailing Address

2000 N. GILMORE AVE.
 LAKELAND FL 32805

2000 N. GILMORE AVE.
 LAKELAND FL 33805-3068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1862407

Applied For

Not Applicable

Zip

33805

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINBOTHAM, TRACEY C
 3935-L U.S. 1
 COCOA FL 32927

Name
MICHAEL P. FAHNESTOCK
 Street Address (P.O. Box Number is Not Acceptable)
2000 NORTH GILMORE AVENUE

City
LAKELAND FL Zip Code
33805

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 Michael P. Fahnestock **MICHAEL P. FAHNESTOCK** 1 MAY 2000
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. OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD**
 STREET ADDRESS **FANENSTOCK, MICHAEL**
 CITY-ST-ZIP **65 SHADY CIRCLE BARTOW FL 33830**

TITLE Change Addition
 NAME **Michael P. Fahnestock,**
 STREET ADDRESS **President, FJCMFI (98-00)**
 CITY-ST-ZIP **65 Shady Circle Bartow, FL 33830**

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **RAIHL, DAVID**
 CITY-ST-ZIP **437 LECEILE DR. DELAND FL 32724**

TITLE Change Addition
 NAME **Brad Weinischke, Director**
 STREET ADDRESS **FJCMFI Lakeland Jaycees**
 CITY-ST-ZIP **1703 Sims Place Lakeland, FL 33803**

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **TRAUB, DAN**
 CITY-ST-ZIP **5482 AVENUE B BOOKEELIA FL 33922**

TITLE Change Addition
 NAME **Mike Probyn, Director**
 STREET ADDRESS **FJCMFI**
 CITY-ST-ZIP **Post Office Box 60 Keystone Heights, FL 32656**

TITLE Delete
 NAME **D**
 STREET ADDRESS **JAYNES, KAREN R**
 CITY-ST-ZIP **4027 INDIAN RIVER DRIVE COCOA FL 32927**

TITLE Change Addition
 NAME **Pat Woodard, Director (00-02)**
 STREET ADDRESS **FJCMFI**
 CITY-ST-ZIP **641 Roth Court Southeast Palm Bay, FL 32909-6542**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Jim Parker, Director (00-02)**
 STREET ADDRESS **FJCMFI**
 CITY-ST-ZIP **275 32nd Avenue Vero Beach, FL 32968**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Tom Redmond, President (00-01)**
 STREET ADDRESS **FICCI**
 CITY-ST-ZIP **599 Awin Circle Southeast Palm Bay, FL 32909**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stat indicated on this report or supplemental report is true and accurate and that my signature shall h of the corporation or the receiver or trustee empowered to execute this report as required by Cha changed, or on an attachment with an address, with all other like empowered.

further certify that the information of oath; that I am an officer or director name appears in Block 10 or Block 11 if

SIGNATURE: Michael P. Fahnestock **MICHAEL P. FAHNESTOCK** 1 MAY 2000 534.6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)