

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90130 050 \*\*\*\*61.25

**DOCUMENT #** 741327

1. Entity Name

Florida Jaycee Memorial Foundation, Inc.

Principal Place of Business

2000 N. Gilmore Ave.  
 Lakeland, Fl. 33805-3068

Mailing Address

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

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Michael P. Fahnestock  
 2000 N. Gilmore Ave.  
 Lakeland, Fl. 33805

7. Name and Address of New Registered Agent

Name Tracey C. Higginbotham  
 Street Address (P.O. Box Number is Not Acceptable)  
3935-L N. U.S. 1  
 City Cocoa, FL Zip Code 32926

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

*Tracey C. Higginbotham*  
 Signature, handwritten or printed name of registered agent and title if applicable.

TRACEY C. HIGGINBOTHAM,  
TRACEY C. HIGGINBOTHAM

4-23-01  
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	Woodard, Pat	
STREET ADDRESS	641 Roth Court, S.E.	
CITY-ST-ZIP	Palm Bay, Fl. 32909-6542	
TITLE	D	<input type="checkbox"/> Delete
NAME	Weinischke, Brad	
STREET ADDRESS	1703 Sims Place	
CITY-ST-ZIP	Lakeland, Fl. 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Fahnestock, Michael P.	
STREET ADDRESS	65 Shady Circle	
CITY-ST-ZIP	Bartow, Fl. 33830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracey C. Higginbotham	
STREET ADDRESS	3935-L N. U.S. 1	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raihl, David	
STREET ADDRESS	427 Lecelle Drive	
CITY-ST-ZIP	Deland, Fl. 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jaynes, Karen	
STREET ADDRESS	4027 N. Indian River Drive	
CITY-ST-ZIP	Cocoa, Fl. 32927	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clements, Ken	
STREET ADDRESS	3644 NW 33rd Terrace	
CITY-ST-ZIP	Gainesville, Fl. 32605	
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 empowerments.

SIGNATURE:

*Tracey C. Higginbotham*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACEY C. HIGGINBOTHAM  
AS ST. TREASURER  
 Date

321-632-5726  
 Daytime Phone #

CR2E037 (1/1/00)