

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745237

1. Entity Name

DELRAY BEACH JAYCEES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90092 037 ****61.25

Principal Place of Business

Mailing Address

901 LAKE SHORE DRIVE
P O BOX 613
DELRAY BEACH FL 33447-0613
US

P.O. BOX 613
DELRAY BCH FL 33447-0613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1922492

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

7. Name and Address of New Registered Agent

MARTINCAVAGE, ALLEN WM., SR.
1200 S. FED. HWY #201
719 S.W. 27TH TERRACE
BOYNTON BEACH FL 33435

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

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 SD ☐ Delete
NAME O'HARA, LYNN
STREET ADDRESS 7225 W. 27TH WAY
CITY-ST-ZIP BOYNTON BEACH FL 33438

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME GERETSON, MARK
STREET ADDRESS 415 SOUTHFIELD RD
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME REICH, CHRIS
STREET ADDRESS BOX 777
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME WITHALL, B B
STREET ADDRESS 3101 ALBATROSS RD #2
CITY-ST-ZIP DELRAY BCH FL 33444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME GERRETSON, MARK
STREET ADDRESS 7225 SW 27TH WAY
CITY-ST-ZIP BOYNTON BCH FL 33438

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ROSACKER, TROY
STREET ADDRESS 310 NW 18TH ST
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)