

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746559

1. Entity Name

KEYSTONE HEIGHTS JAYCEES CHARITIES, INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90056 048 ****61.25

005497

Principal Place of Business 8315 STATE ROAD 100 HWY 100 E MELROSE FL 32666	Mailing Address 8315 STATE ROAD 100 HWY 100 E MELROSE FL 32666
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2644933	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALLEN, GEORGE F 8315 STATE ROAD 100 MELROSE FL 32666	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *George F Allen*
Signature, typed or printed name of registered agent and title if applicable.

George F Allen

4-5-02

(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	RA ALLEN, GEORGE F. 8315 STATE RD. 100 MELROSE FL <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	CD RALEIGH, JACK 335 PEACH STREET KEYSTONE HEIGHTS FL <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	CD HOGGENBOTHAM, MIKE 7471 BIG BEND COURT KEYSTONE HEIGHTS FL <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	TD MANNING, BARBARA 7028 CRYSTAL LAKE RD STARKE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T.D MANNING JOMMY 1343 SE 100 KEYSTONE HEIGHTS FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDAGE, LEE 6975 GATOR BINE RD KEYSTONE HEIGHTS PA 32656 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:

George F Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02 352 473 3778

Date

Daytime Phone #

CR2E037 (9/01)