2/16/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
02-16-2001 90008 001 ****61.25

DOCUMENT # 749280

1. Entity Name
MELBOURNE, FLORIDA, JAYCEES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 361151 MELBOURNE FL 32936-1151	P.O. BOX 361151 MELBOURNE FL 32936-1151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **NOT APPLICABLE** ☐ 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
RUSSO, SUZANNE M 4418 SHERWOOD BLVD MELBOURNE FL 32935	Name: Russo, Suzanne M. Street Address (P.O. Box Number is Not Acceptable): 4407 Yorkshire Dr. City: Melbourne FL Zip Code: 32935

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.

CHANGE OF AGENT ADDRESS SIGNATURE: Suzanne M Russo 2-12-01
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	VT CORDOVA, VIRGINIA P.O. BOX 360329 MELBOURNE FL 32936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) (V) HITE, DAN 5355 Osceola Dr. St. Cloud, FL 34773	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLEM, RANDALL C 550 E STRAWBRIDGE AVE MELBOURNE FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ODOMA, COLLEEN 1113 SAND CREEK DR #153 MELBOURNE FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(V) ODOM, COLLEEN 1113 Sand Creek Dr. #153 Melbourne, FL 32934.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSO, RICHARD A 4418 SHERWOOD BLVD MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Russo Richard A. 4407 Yorkshire Dr. Melbourne, FL 32935.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS RUSSO, SUZANNE 4418 SHERWOOD BLVD MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) (VS) Russo, Suzanne 4407 Yorkshire Dr. Melbourne, FL 32935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P) Koenig, KAREN 5355 Osceola Dr. St. Cloud, FL 34773.	☐ Change ☑ Addition

CR2E037 (10/00)

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: Suzanne M. Russo Suzanne M. Russo 2-12-01 321-456-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #