

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90027 034 \*\*\*\*62.50

**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

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSO, SUZANNE M.**  
**4407 YORKSHIRE DR**  
**MELBOURNE FL 32935**

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)

01/12/02  
 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	<input type="checkbox"/> Delete
P	KOENIG, KAREN	5355 OSCEOLA DR	SAINT CLOUD FL 34773	<input type="checkbox"/>
D	FULLEM, RANDALL C	550 E STRAWBRIDGE AVE	MELBOURNE FL 32905	<input type="checkbox"/>
V	ODOMA, COLLEEN	1113 SAND CREEK DR #153	MELBOURNE FL 32934	<input type="checkbox"/>
T	RUSSO, RICHARD A	4407 YORKSHIRE DR	MELBOURNE FL 32935	<input type="checkbox"/>
DVS	RUSSO, SUZANNE	4407 YORKSHIRE DR	MELBOURNE FL 32935	<input type="checkbox"/>
DV	HITE, DAN	5355 OSCEOLA DRIVE	SAINT CLOUD FL 34773	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VT	Hite, Karen	5355 Osceola Dr.	St. Cloud, FL 34773	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	ODOM, COLLEEN	1113 Sand Creek Dr. #153	Melbourne, FL 32934	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Russo, Richard A.	4407 YORKSHIRE DR.	MELBOURNE, FL 32935	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Hite, DAN	5355 Osceola Dr.	St. Cloud, FL 34773	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02  
 Date

321-917-4324  
 Daytime Phone #

CR2E037 (9/01)