

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

P.O. BOX 361151
MELBOURNE FL 32936-1151

Mailing Address

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

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

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 P
KONIG, KAREN
STREET ADDRESS 5355 OSCEOLA DR
CITY-ST-ZIP SAINT CLOUD FL 34773 ☐ Delete

TITLE NAME VT
Hire, Karen ☒ Change ☐ Addition
STREET ADDRESS 5355 Osceola Dr.
CITY-ST-ZIP St. Cloud, FL 34773

TITLE NAME D
FULLEM, RANDALL C
STREET ADDRESS 550 E STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE FL 32905 ☐ Delete

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

TITLE NAME V
ODOMA, COLLEEN
STREET ADDRESS 1113 SAND CREEK DR #153
CITY-ST-ZIP MELBOURNE FL 32934 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
ODOM, COLLEEN
1113 Sand Creek Dr. #153
Melbourne, FL 32934

TITLE NAME T
RUSSO, RICHARD A
STREET ADDRESS 4407 YORKSHIRE DR
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE NAME D
Russo, Richard A. ☒ Change ☐ Addition
STREET ADDRESS 4407 YORKSHIRE DR.
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE NAME DVS
RUSSO, SUZANNE
STREET ADDRESS 4407 YORKSHIRE DR
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

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

TITLE NAME DV
HITE, DAN
STREET ADDRESS 5355 OSCEOLA DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34773 ☐ Delete

TITLE NAME P
HITE, DAN ☒ Change ☐ Addition
STREET ADDRESS 5355 Osceola Dr.
CITY-ST-ZIP St. Cloud, FL 34773

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*

1/20/02

321-917-4324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)