

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90086 038 ****70.00

DOCUMENT # 750545

1. Entity Name
GAINESVILLE, JAYCEES INC.

Principal Place of Business P.O. BOX 1617 GAINESVILLE FL 32602-1617	Mailing Address P.O. BOX 1617 GAINESVILLE FL 32602-1617
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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 **59-2140511** 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

WALKER, S. SCOTT, ESQ.
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32601

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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/D KING, KATHLEEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4226 NW 14 PLACE	
CITY-ST-ZIP GAINESVILLE FL 32605	
TITLE NAME V/D ISLAM, JOEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1724 NW 51 TERRACE	
CITY-ST-ZIP GAINESVILLE FL 32605	
TITLE NAME T/D GOOD, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4750 NW 76 ROAD	
CITY-ST-ZIP GAINESVILLE FL 32653	
TITLE NAME D JOYNER, STEFANIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 724 NE 4 STREET	
CITY-ST-ZIP GAINESVILLE FL 32601	
TITLE NAME S/D GILLMAN, LAURA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5154 SW 9 LANE	
CITY-ST-ZIP GAINESVILLE FL 32607	
TITLE NAME D SCARBOROUGH, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS 5641 SW 104 TERRACE	
CITY-ST-ZIP GAINESVILLE FL 32608	

TITLE NAME President / Director Mike Southland	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 510 NW 57 Street	
CITY-ST-ZIP Gainesville FL 32607	
TITLE NAME Director John Thompson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1145 NW 13 Street	
CITY-ST-ZIP Gainesville FL 32601	
TITLE NAME Treasurer / Director Chris Flett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6889 Newberry Rd	
CITY-ST-ZIP Gainesville FL 32605	
TITLE NAME Director Ted Prosser	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3425 SW 2 Ave, #146	
CITY-ST-ZIP Gainesville FL 32607	
TITLE NAME Director Krista Cornell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3515 SW 39 Blvd, #13C	
CITY-ST-ZIP Gainesville FL 32608	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SM: Mike Southland*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 352-376-4836
 Date Daytime Phone #

CR2E037 (10/00)