

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90283 007 \*\*\*\*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

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **THOMPSON, JOHN**  
STREET ADDRESS **1145 NW 13TH STREET**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **T/D** ☐ Delete  
NAME **GALASSO, DAN**  
STREET ADDRESS **3625 NW 34TH TERRSCE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☐ Delete  
NAME **PROSSER, TED**  
STREET ADDRESS **3425 SW 2ND AVENUE, #146**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☒ Delete  
NAME **SCARBOROUGH, BRIAN**  
STREET ADDRESS **5641 SW 104 TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Scarborough, Brian**  
STREET ADDRESS **5641 SW 104 Terrace**  
CITY-ST-ZIP **Gainesville, FL 32608**

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

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

TITLE ☒ Change ☐ Addition  
NAME **Gric Parker**  
STREET ADDRESS **1718 NW 117th Terr**  
CITY-ST-ZIP **Gainesville, FL 32606**

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

TITLE ☐ Change ☐ Addition  
NAME  
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/02)