

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751990

1. Entity Name

PALM BAY AREA JAYCEES, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90018 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1602 PORT MALABAR RD  
PALM BAY FL 32905

P.O. BOX 060264  
PALM BAY FL 32906-0264

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

59-2395405

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORDOVA, VIRGINIA  
841 VILLA DRIVE  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name CORDOVA, Virginia  
Street Address (P.O. Box Number is Not Acceptable)  
1120 SERENADE ST  
City PALM BAY FL Zip Code 32907

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)

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORDOVA, LISA	
STREET ADDRESS	2224 MALABAR LAKES DRIVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHUMACHER, TRACY	
STREET ADDRESS	1657 SUNNYBROOK LANE APT. A208	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORDOVA, VIRGINIA	
STREET ADDRESS	841 VILLA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDMOND, MARY	
STREET ADDRESS	599 ALVIN CIRCLE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RITA	
STREET ADDRESS	4317 SHERWOOD BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADBERRY, LISA	
STREET ADDRESS	1116 WHITEHEAD ROAD S.W.	
CITY-ST-ZIP	PALM BAY FL 32908	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, TRACY	
STREET ADDRESS	1657 SUNNYBROOK LANE APT. A208	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOVA, LISA	
STREET ADDRESS	2224 MALABAR LAKES DRIVE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/6/00

Date

(407) 956-0591

Daytime Phone #