

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/28.

FILED

Mar 20, 2001 8:00 am  
Secretary of State

02-28-2001 90026 048 \*\*\*\*61.25

DOCUMENT # 759875

1. Entity Name

VERO BEACH JAYCEES, INC.

Principal Place of Business

Mailing Address

6780 26TH ST.  
P O BOX 1671  
VERO BEACH FL 32961

6780 26TH ST.  
P O BOX 1671  
VERO BEACH FL 32961

SAME

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6004565

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLT, MARK T  
615 9TH STREET  
VERO BEACH FL 32960

SAME

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)

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	P PESULA, LAURA 1015 26TH AVENUE VERO BEACH FL 32960	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHANLEY, IRENE 6032 INDRIO ROAD. FT PIERCE FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLT, MARK T 615 9TH STREET VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAYTON, PAUL 215 30TH AVENUE VERO BEACH FL 32968	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REGAN, VICTOR PO BOX 65132 VERO BEACH FL 32963	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, DANNY 230 11TH CT VERO BCH FL 32960	<input type="checkbox"/> Delete

SAME

change  
Address

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lee Bruce 185 22nd Ave vero Bch FL 32963	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doyle Sewell 230 11th Ct Vero Beach FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer MARK T HOLT 615 9th St Vero Beach FL 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Peggy Sewell 230 11th Ct Vero Beach FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LYNN HARROLD 6656 110th St Sebastian FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danny Bruce 185 22nd Ave. vero Bch. FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-569-4970

CR2E037 (10/00)