

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/20/00-90040-017-\$61.25-\$61.25

DOCUMENT # 770314

1. Entity Name

THE TALLAHASSEE JAYCEE FUND, INC.

FILED

00 AUG 25 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 83  
TALLAHASSEE FL 32302

P.O. BOX 83  
TALLAHASSEE FL 32302-0083

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Position:

City

FL

Zip Code

BASS, DEBBIE  
406 NORTH RIDE  
TALLAHASSEE FL 32303

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)

3-23-2000

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 PD  
NAME LINER, STEPHEN E  
STREET ADDRESS PO BOX 564  
CITY-ST-ZIP TALLAHASSEE FL 32304 ☒ Delete

TITLE President (PD)  
NAME Phyllis Harris ☐ Change ☒ Addition

TITLE CD  
NAME BASS, DEBBIE  
STREET ADDRESS 406 NORTH RIDE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE Vice President (VD)  
NAME Bobbye Daniels ☐ Change ☒ Addition

TITLE TD  
NAME IRWIN, KAREN  
STREET ADDRESS 7733 BRIARCREEK RD  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☒ Delete

TITLE Secretary-Treasurer (ST)  
NAME Laura Bradford ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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]* (Past President)

3-23-2000

488-0482

3-23-2000

488-7082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

8/25/00