

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F0000000 3499**

1. Entity Name

CALLEX LAB - THE INTERNATIONAL ASSOCIATION OF SQUARE DANCE CALLEXS

Principal Place of Business

Mailing Address

467 FORREST AVE, SUITE 118 COLDA, FL 32922

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

51-0155428

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

**REED, JERRY
467 FORREST AVE, SUITE 118
COLDA, FL 32922**

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
**CD
MAYO, JIM
79 WALKER RD
HAMPSHIRE, NH 03841**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JACOBI, MIKE
20 BOX 484
HERNDON, VA 20172**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
REED, JERRY
943 TAMARIND CIRCLE
ROCKLEDGE, FL 32955**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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: **JERRY L. REED** *[Signature]* **2-22-01 921-639-0039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

03-05-2001 90335 026 ****61.25
F00000003499

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0027425

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)