

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000896

1. Entity Name

JNN FOUNDATION, INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90044 038 ****61.25

Principal Place of Business

8651 COMMODITY CIRCLE
ORLANDO FL 32719

Mailing Address

8651 COMMODITY CIRCLE
ORLANDO FL 32719

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

593699113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGELIN, JUDITH I ESQ.
701 PEACHTREE ROAD
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name Steven Salley

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

450 South ORANGE AVE #650

City ORLANDO

FL

Zip Code 32801

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

Stephen G. Salley

STEPHEN G. SALLEY

1/15/02

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 D ☐ Delete
NAME FERNANDEZ, WILLIAM J
STREET ADDRESS 9653 CROWN PRINCE LANE
CITY-ST-ZIP WINDERMERE FL 34786-6206

TITLE D ☐ Delete
NAME MCLEAN, ALEXANDER J
STREET ADDRESS 9653 CROWN PRINCE LANE
CITY-ST-ZIP WINDERMERE FL 34786-6206

TITLE D ☐ Delete
NAME MCLEAN, DENISE I
STREET ADDRESS 9653 CROWN PRINCE LANE
CITY-ST-ZIP WINDERMERE FL 34786-6206

TITLE D ☐ Delete
NAME CLINE, KELLY
STREET ADDRESS 2400 PINE NEEDLE TRAIL
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ Delete
NAME GOTLIN, NICOLE
STREET ADDRESS 4747 S. WASHINGTON AVE., PENTHOUSE 160
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Stephen G. Salley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02

CR2E037 (9/01)