

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90204 032 \*\*\*\*61.25

**DOCUMENT # N01000004012**

1. Entity Name

**SUNSHINE CITY JAYCEES, INC.**

Principal Place of Business

P.O. BOX 1728  
 ST PETERSBURG FL 33731

Mailing Address

P.O. BOX 1728  
 ST PETERSBURG FL 33731

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

59-2583405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KRUSE, BRIAN**  
**6817 STONES THROW CIR N #17107**  
**ST PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

**Robert Cannon**

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

**629 35th Ave N**

City

**St. Petersburg**

FL

Zip Code

**33704**

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]*

**PRES**

**1/24/02**

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	DP	<input type="checkbox"/> Delete
NAME	KRUSE, BRIAN	
STREET ADDRESS	6817 STONESTHROW CIR N #17107	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLAHAUVIETZ, SARA	
STREET ADDRESS	11601 4TH ST N #1802	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CANNON, ROB	
STREET ADDRESS	629 35TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FRASER, CHRIS	
STREET ADDRESS	136 13TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GROWE, MARYKAY	
STREET ADDRESS	7360 ULMERTON RD 2D	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DELASH, JIM	
STREET ADDRESS	111401 9TH ST N #803	
CITY-ST-ZIP	ST PETERSBURG FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Kruse	
STREET ADDRESS	<del>Same</del>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7360 Ulmerton Rd 2D	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	P	<input checked="" 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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Delosh	
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]* Marykay Growe 1-18-02 727-570-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)