

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NOT 000605672**

1. Entity Name

BocanUTs-The JIM MORRIS Fan Club

FILED

02 OCT 31 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14283 BOKEELIA ROAD
Suite, Apt. #, etc.

3. Mailing Address

14283 BOKEELIA ROAD
Suite, Apt. #, etc.

REINSTATEMENT
(DO NOT WRITE IN THIS SPACE)

02

City & State
BOKEELIA, FLORIDA

City & State
BOKEELIA, FLORIDA

4. FEI Number
59-3735093

Applied For
Not Applicable

Zip
33922

Country
USA

Zip
33922

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LORETTA RAINES

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

14283 BOKEELIA ROAD

City
BOKEELIA

FL

Zip Code
33922

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

FEE IS \$61.25 Initial or Amended UBR

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
NAME
LORETTA RAINES
STREET ADDRESS
14283 BOKEELIA RD
CITY-ST-ZIP
BOKEELIA, FL 33922

TITLE
NAME
900008734159
STREET ADDRESS
10/31/02--01115--001 **236.25
CITY-ST-ZIP

TITLE
T
NAME
STEVE JOLLEY
STREET ADDRESS
13225 101 ST. S.E. #111
CITY-ST-ZIP
LARGO, FL 33773

TITLE
NAME
900008734159
STREET ADDRESS
10/31/02--01115--002 **8.75
CITY-ST-ZIP

TITLE
T
NAME
SUSIE JOLLEY
STREET ADDRESS
13225 101 ST. S.E. #111
CITY-ST-ZIP
LARGO, FL 33773

TITLE
NAME
DO NOT WRITE IN THIS SPACE
STREET ADDRESS
IN THIS SPACE
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Loretta Raines**

or other