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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State
05-22-2002 90100 024 ****61.25

DOCUMENT # N02477

1. Entity Name

KISSIMMEE-ST.CLOUD JAYCEES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 420519 KISSIMMEE FL 34742-0519	P.O. BOX 420519 KISSIMMEE FL 34742-0519

DO NOT WRITE IN THIS SPACE

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 59-3357015 ☐ 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
KURITZ, BOB 918 SOUTH PARK CT KISSIMMEE FL 34741	Name: Paul Golob Street Address (P.O. Box Number is Not Acceptable): 630 Cranes Way # 104 City: Altamonte Spgs FL Zip Code: 32701

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 _____ DATE 7/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	M MARTIN, SUSAN 301 S. BOYD ST ORLANDO FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARES, LELA 777 W. LANCASTER RD ORLANDO FL 32809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jaime Schack 12314 James Place Leesburg Fl. 34788 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAGLEY, LISA 1405 ORCHID LN KISSIMMEE FL 34744	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brian Goldsmith 1000 Douglas Ave #107 Altamonte Spgs Fl. 32714 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, KEVIN 1405 ORCHID LN KISSIMMEE FL 34744	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Julie Brubaker 918 South Park Court Davenport Fl. 33896 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCKINNEY, DEBBY 205 S. LAKESHORE DR CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, CHRIS 2223 JESSICA LN. KISSIMMEE FL 34744	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bob Kuritz 918 South Park Court Kissimmee Fl. 34741 ☐ Change ☒ Addition

CR2E037 (9/01)

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 REQUIRED — 4-9-02 — 352 357 0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #