

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90149 036 *****61.25

DOCUMENT # N02477

1. Entity Name

KISSIMMEE-ST.CLOUD JAYCEES, INC.



Principal Place of Business

P.O. BOX 420519

KISSIMMEE FL 34742-0519

Mailing Address

P.O. BOX 420519

KISSIMMEE FL 34742-0519

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

GOLUB, PAUL

630 CRANES WAY #104

ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

AMANDA GEIERMAN

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

2312 PEBBLE BROOK

City

KISSIMMEE

FL

Zip Code

34741

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Amanda Geierman* **4/29/03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SCHACK, JAIME**
STREET ADDRESS **12214 JAMES PLACE**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **D** ☒ Delete
NAME **GOLDSMITH, BRIAN**
STREET ADDRESS **1000 DOUGLAS AVE #107**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☒ Delete
NAME **BRUBAKER, JULIE**
STREET ADDRESS **918 SOUTH PARK COURT**
CITY-ST-ZIP **DAVENPORT FL 33896**

TITLE **D** ☒ Delete
NAME **KUNTZ, BOB**
STREET ADDRESS **918 SOUTH PARK COURT**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Debby McKinney**
STREET ADDRESS **208 Lakeshore Dr.**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **D** ☐ Change ☒ Addition
NAME **Sarah Endor**
STREET ADDRESS **2201 Summer Ray Ct.**
CITY-ST-ZIP **St. Cloud, FL 34772**

TITLE **D** ☐ Change ☒ Addition
NAME **Scott Elsasser**
STREET ADDRESS **2132 Cypress Bay Blvd.**
CITY-ST-ZIP **Kissimmee, FL 34743**

TITLE **D** ☐ Change ☒ Addition
NAME **Santina Cardino**
STREET ADDRESS **1000 Douglas Ave #13**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

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

TITLE ☐ Change ☐ Addition
NAME
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: *Amanda Geierman* **4/29/03**

CR2E037 (10/02)