

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08303

1. Entity Name

N.P.B. - P.B.G. JAYCEES CHARITIES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90023 042 ****61.25

Principal Place of Business

Mailing Address

745 US HIGHWAY 1
P.O. BOX 14234
NORTH PALM BEACH FL 33408

745 US HIGHWAY 1
P.O. BOX 14234
NORTH PALM BEACH FL 33408-0234

2. Principal Place of Business

3. Mailing Address

P.O. Box 14234

P.O. Box 14234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Beach, FLORIDA

City & State

North Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2545477

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

VOLPI, JIM
1801 AUSTRIALIN AVE S
STE. 102
WEST PALM BEACH FL 33409

Name

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

City

FL

Zip Code

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

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	P	<input checked="" type="checkbox"/>
NAME	ARCHIMEDE, ANNA	
STREET ADDRESS	6297 152 DR N	
CITY-ST-ZIP	PALM BCH GDNS FL 33418	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WOODS, SHERI	
STREET ADDRESS	833 COTTON BAY DR W809	
CITY-ST-ZIP	W PALM BCH FL 33408	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WARDEN, MICHELLE	
STREET ADDRESS	1502 CHADWICK CT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAYER, GEORGE	
STREET ADDRESS	225 2ND CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TURNER, RICHARD	
STREET ADDRESS	4200 OAK ST	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCALAMANDRE, CHRISTINE	
STREET ADDRESS	12871 BRIARLAKE DR, #203	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Kathy	
STREET ADDRESS	740 Sanctuary Cove Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, KEN	
STREET ADDRESS	645 Executive Center Drive # 1202	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jimenez, Daniel	
STREET ADDRESS	1929 Service Road	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonlarron, Todd	
STREET ADDRESS	PBC Legal Dept	
CITY-ST-ZIP	301 N. Olive Ave. West Palm Beach, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ball, Victoria	
STREET ADDRESS	454 Kelsey Park Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Archimede, Anna	
STREET ADDRESS	6927 152nd Drive North	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

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: *Kathleen Collins* as President 4/3/00 (561) 881-5622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)