2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N09840 ✓

1. Entity Name

N.P.B. - P.B.G. JAYCEES, INC. ✓

FILED
May 15, 2000 8:00 am
Secretary of State
04-10-2000 90023 043 ****61.25

Principal Place of Business	Mailing Address
745 U.S. HIGHWAY 1 P.O. BOX 14234 N PALM BCH FL 33408	745 U.S. HIGHWAY 1 P.O. BOX 14234 N PALM BCH FL 33408-0234

DO NOT WRITE IN THIS SPACE

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, FL	City & State: North Palm Beach, FL
Zip: 33408 Country: USA	Zip: 33408 Country: USA

4. FEI Number: 59-2342685 ✓ ☐ 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 AUSTRALIAN AVE S STE. 102 WEST PALM BCH. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOODS, SHERRI 833 COTTON BAY DR, #809 NORTH PALM BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Collins, Kathy 740 Sanctuary Cove Drive Palm Beach Gardens, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D ARCHIMEDLE, ANNA 6927 152 DR N PALM BEACH GARDENS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C D Archimede, Anna 6927 152nd Drive North Palm Beach Gardens, FL 33418	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WARDEN, MICHELLE 1502 CHADWICK CT BOYNTON BEACH FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Logan, Ken 645 Executive Center Drive #R202 West Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAYER, GEORGE 225 2ND CT PALM BEACH GARDENS FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jimenez, Daniel 1929 Service Road North Palm Beach, FL 33408	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TURNER, RICHARD 4200 OAK ST PALM BCH GDNS FL 33418	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/D Bonlarron, Todd PBC Legal Dept. 301 N. Olive Ave., West Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCALAMANDRE, CHRISTINE 12871 BRIARLAKE DR H203 PALM BCH GDNS FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ball, Victoria 454 Kelsey Park Drive Palm Beach Gardens, FL 33410	☐ Change ☒ Addition

CR2E037 (9/99)

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