

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90005 003 ****61.25

DOCUMENT # N09840

1. Entity Name

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

Principal Place of Business -

745 U.S. HIGHWAY 1
P.O. BOX 14234
N PALM BCH FL 33408

Mailing Address

745 U.S. HIGHWAY 1
P.O. BOX 14234
N PALM BCH FL 33408

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

59-2342685

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 **V** ☒ Delete
NAME **WOODS, SHERRI**
STREET ADDRESS **833 COTTON BAY DR, #809**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **C** ☐ Change ☒ Addition
NAME **COLLINS, KATHY**
STREET ADDRESS **740 SANCTUARY COVE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FLORIDA 33410**

TITLE **P** ☒ Delete
NAME **ARCHIMEDLE, ANNA**
STREET ADDRESS **6927 152 DR N**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **VD** ☐ Change ☒ Addition
NAME **JIMINEZ, DANIEL**
STREET ADDRESS **1929 SERVICE ROAD**
CITY-ST-ZIP **NORTH PALM BEACH, FLORIDA 33408**

TITLE **VD** ☒ Delete
NAME **WARDEN, MICHELLE**
STREET ADDRESS **1502 CHADWICK CT**
CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE **VD** ☐ Change ☒ Addition
NAME **BALL, VICTORIA**
STREET ADDRESS **454 KELSEY PARK DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FLORIDA 33410**

TITLE **TD** ☒ Delete
NAME **BAYER, GEORGE**
STREET ADDRESS **225 2ND CT**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VT** ☐ Change ☒ Addition
NAME **BONLARRON, TODD**
STREET ADDRESS **301 N. OLIVE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **VD** ☒ Delete
NAME **TURNER, RICHARD**
STREET ADDRESS **4200 OAK ST**
CITY-ST-ZIP **PALM BCH GDNS FL 33418**

TITLE **VD** ☐ Change ☒ Addition
NAME **RUSSELL, JOANNA**
STREET ADDRESS **1963 BRANDYWINE ROAD, #101**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **D** ☒ Delete
NAME **SCALAMANDRE, CHRISTINE**
STREET ADDRESS **12871 BRIARLAKE DR H203**
CITY-ST-ZIP **PALM BCH GDNS FL 33418**

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:

Todd Bonlarron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Bonlarron, VP, Treasurer

Date

Daytime Phone #

CR2E037 (10/00)