

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12139

1. Entity Name

JAYCEES FOUNDATION OF NAPLES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90036 037 ****61.25

Principal Place of Business

Mailing Address

2950 64TH STREET S.W.
NAPLES FL 33941
US

P.O. BOX 7721
NAPLES FL 34101-7721

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

65-0047226

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

NADEAU, ROBERT
2848 44TH STREET S.W.
NAPLES FL 34116

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	D NADEAU, ROBERT 2848 44TH ST., SW NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEACH, DON 1991 HUNTER BLVD. NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAWSON, WES 254 STANHOPE CIR. NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANSEN, DAVID 4471 31ST AVENUE SW NAPLES FL 34116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORAN, DAVE 4762 CAPRI DR. NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GYORKOS, RICK 3325 AIRPORT RD. PULLING #8 NAPLES FL 34105	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT BEACH, DON 1991 HUNTER BLVD. NAPLES, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY DAWSON, WES 254 STANHOPE CIR. NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT DOUGLASS, WILLIAM 600 ST. ANDREWS BLVD. NAPLES, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER MORAN, DAVID 4762 CAPRI DR. NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR GYORKOS, RICK 3325 AIRPORT RD. #8 NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

WESLEY DAWSON SECRETARY

Date

Daytime Phone #

CR2E037 (9/99)