

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90050 032 ****61.25

DOCUMENT # N12139

1. Entity Name

JAYCEES FOUNDATION OF NAPLES, INC.

Principal Place of Business

Mailing Address

2950 64TH STREET S.W.
 NAPLES FL 34101
 US

P.O. BOX 7721
 NAPLES FL 34101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0047226

Applied For

Not Applicable

Zip

Country

Zip

Country

34116

34101-7721

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 **DAVID MORAN**

Street Address (P.O. Box Number is Not Acceptable)
4762 CAPRI DRIVE

City **NAPLES** FL Zip Code **34103**

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 *D Moran*
 Signature, typed or printed name of registered agent and title if applicable.

DAVID MORAN
 (NOTE: Registered Agent signature required when reinstating)

3/20/01
 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	D	<input checked="" type="checkbox"/> Delete
NAME	NADEAU, ROBERT	
STREET ADDRESS	2848 44TH ST., SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEACH, DON	
STREET ADDRESS	1991 HUNTER BLVD.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, WES	
STREET ADDRESS	254 STANHOPE CIR.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DOUGLASS, WILLIAM	
STREET ADDRESS	600 ST ANDREWS BLVD	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORAN, DAVE	
STREET ADDRESS	4762 CAPRI DR.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	GYORKOS, RICK	
STREET ADDRESS	3325 AIRPORT RD. PULLING #8	
CITY-ST-ZIP	NAPLES FL 34105	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM DOUGLASS	
STREET ADDRESS	600 ST. ANDREWS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA DOUGLASS	
STREET ADDRESS	600 ST ANDREWS BLVD	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIN TURNER	
STREET ADDRESS	45 LIBERTY LANE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	

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: *SIGNATURE REQUIRED* **DAVID MORAN** **3/20/01**



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)