

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16472

1. Entity Name

Florida Jaycees Charitable And Educational Fund

Principal Place of Business

2000 N. Gilmore Avenue
Lakeland, Fl. 33805

Mailing Address

2000 N. Gilmore Avenue
Lakeland, Fl. 33805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0064032

6. Name and Address of Current Registered Agent

Michael P. Fahenstock
2000 North Gilmore Avenue
Lakeland, Fl. 33805

7. Name and Address of New Registered Agent

Name Tracey C. Higginbotham

Street Address (P.O. Box Number is Not Acceptable)
3935-L N. U.S. 1

City Cocoa,

FL

Zip Code 32926

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 date 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

TITLE PD ☒ Delete
NAME Fahnestock, Michael
STREET ADDRESS 65 Shady Circle
CITY-ST-ZIP Bartow, Fl. 33830

TITLE D ☒ Delete
NAME Parker, Jim
STREET ADDRESS 275 32nd Avenue
CITY-ST-ZIP Vero Beach, Fl. 32968

TITLE D ☒ Delete
NAME Redmond, Tom
STREET ADDRESS 599 Awin Circle, S.E.
CITY-ST-ZIP Palm Bay, Fl. 32909

TITLE D ☒ Delete
NAME Woodard, Pat
STREET ADDRESS 641 Roth Court, S.E.
CITY-ST-ZIP Palm Bay, Fl. 32909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Jewell, Nancy
STREET ADDRESS 1237 Weeping Willow Lane
CITY-ST-ZIP Rockledge, Fl. 32955

TITLE D ☐ Change ☒ Addition
NAME King, Kit
STREET ADDRESS 4226 N.W. 14th Place
CITY-ST-ZIP Gainesville, Fl. 32605

TITLE D ☐ Change ☒ Addition
NAME Whitmore, Ron
STREET ADDRESS 1008 Greengriar Drive
CITY-ST-ZIP Brandon, Fl. 33511

TITLE PD ☐ Change ☒ Addition
NAME Eining, Patti
STREET ADDRESS 2125 S.E. Fort King Street
CITY-ST-ZIP Ocala, Fl. 34470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACEY C. HIGGINBOTHAM
ASST. TREASURER

Date

Daytime Phone #

CR2037 (11/00)