

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90140 024 *****61.25

DOCUMENT # N16472

1. Entity Name

FLORIDA JAYCEES CHARITABLE AND EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

**2000 NORTH GILMORE AVENUE
LAKELAND FL 33805**

Mailing Address

**2000 NORTH GILMORE AVENUE
LAKELAND FL 32805**

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 **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGGINBOTHAM, TRACEY C
3935-L N US 1
COCOA FL 32926**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **DOUGLAS, WILLIAM**
STREET ADDRESS **600 ST ANDREWS BLVD**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE **PD** ☐ Change ☒ Addition
NAME **Cindy Brandel**
STREET ADDRESS **2525 NE 131st Lane**
CITY-ST-ZIP **Wkeechobee FL 34972**

TITLE **D** ☐ Delete
NAME **WHITMORE, RON**
STREET ADDRESS **1008 GREENGRIAR DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **D** ☐ Delete
NAME **GOLDBERG, JOE**
STREET ADDRESS **5496 S NOVA RD**
CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE **D** ☐ Delete
NAME **KUNTZ, MARIEG**
STREET ADDRESS **918 SOUTH PARK CT**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Joe Goldberg REQUIRED Joe Goldberg

4/15/03 386-252-4500

CR2E037 (10/02)