

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90397 001 \*\*\*\*61.25

DOCUMENT # **N19511**

1. Entity Name  
**THE JEWETT ALUMNI ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2447 MARY JEWETT CIRCLE<br/>         WINTER HAVEN FL 33881-1725<br/>         US</b> | Mailing Address<br><b>2447 MARY JEWETT CIRCLE<br/>         WINTER HAVEN FL 33881-1725<br/>         US</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |  |         |
|--|--|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country |
|--|--|---------|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2762782</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

6. Name and Address of Current Registered Agent  
**FLOYD, DONZELL  
 2447 MARY JEWETT CIRCLE  
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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                  |   | <input type="checkbox"/> Delete |
|---|---|---------------------------------|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BROWN, EDITHE W.<br/>1281 "38TH" ST NW<br/>WINTER HAVEN FL</b>       | <input type="checkbox"/>        |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CLARK, GUSSIE H.<br/>2255 FIRST STREET NORTH<br/>WINTER HAVEN FL</b> | <input type="checkbox"/>        |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>TYLER, JOANN O.<br/>2300 S. SWAN COURT, N.E.<br/>WINTER HAVEN FL</b> | <input type="checkbox"/>        |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>FLOYD, DONZELL<br/>2447 MARY JEWETT CIRCLE<br/>WINTER HAVEN FL</b>   | <input type="checkbox"/>        |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/>        |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/>        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |  | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: Donzell Floyd **REQUIRED** Date: 6/6/02 Daytime Phone #: (863)293-6548

CR2E037 (9/01)