

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N21803

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: CLEARWATER JAYCEE MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

2754 SUNSET POINT RD
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4703
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2850300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMON, GARY M
10448 137TH LANE N
LARGO, FL 33774 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAMPSMIER, ROGER
Address: 604 BAY STREET #A
City-St-Zip: DUNEDIN, FL 34628

Title: DV () Delete
Name: MANN, MARK
Address: 1593 LIMA WAY
City-St-Zip: CLEARWATER, FL 33764

Title: SD (X) Delete
Name: GUIER, REGINALD
Address: 3195 138TH PLACE N
City-St-Zip: LARGO, FL 33771

Title: TD (X) Delete
Name: GILMER, WALTER
Address: 1593 LIMA WAY
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GILMER, WALTER B
Address: 1593 LIMA WAY
City-St-Zip: CLEARWATER, FL 33764

Title: TD (X) Change () Addition
Name: DAMON, GARY M
Address: 10448 137TH LANE NORTH
City-St-Zip: LARGO, FL 33774

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M. DAMON

TD

04/30/2002

Electronic Signature of Signing Officer or Director

Date