

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31457

1. Entity Name

JONES HIGH SCHOOL ALUMNI ASSOCIATION-I, INC.

Principal Place of Business

C/O TERRY A. BROOKS
2110 E ROBINSON ST
ORLANDO FL 32803

Mailing Address

P.O. BOX 555075
ORLANDO FL 32855

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BROOKS, TERRY A.
2110 E ROBINSON ST
ORLANDO FL 32803

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete
NAME PLEDGE, PRUDENCE
STREET ADDRESS 2115 W. GORE ST.
CITY-ST-ZIP ORLANDO FL 32805

TITLE PD ☐ Delete
NAME BROOKINS, DOROTHY
STREET ADDRESS 353 N CROSSBEAM DR
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE VPD ☐ Delete
NAME JACKSON, EMMA
STREET ADDRESS 427 DOMINO DR
CITY-ST-ZIP EATONVILLE FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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 Required

5-16-2001

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91600 014 ****61.25

552637



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2923417 ☐ Applied For
- Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)