

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38536

1. Entity Name

JACK IVY DETACHMENT #666, INCORPORATED, OF THE M

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90089 004 ****61.25

Principal Place of Business

Mailing Address

P O BOX 9091
 PORT ST LUCIE FL 34985
 US

P O BOX 9091
 PORT ST LUCIE FL 34985-9091
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3024064

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIUSTI, ROBERT T
 1241 S W SUDDER AVENUE
 PORT ST. LUCIE FL 34983

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
 NAME COTTONE, FRANCES M
 STREET ADDRESS 6524 ZAPOTE AVE.
 CITY-ST-ZIP FT. PIERCE FL

TITLE D ☐ Change ☒ Addition
 NAME RICHARD MONROE
 STREET ADDRESS 1205 COUNTRY GARDEN LN.
 CITY-ST-ZIP FORT PIERCE, FL. 34982-3314

TITLE D ☐ Delete
 NAME YEMM, FRANK
 STREET ADDRESS 7303 BANYON STREET
 CITY-ST-ZIP FORT PIERCE FL 34951-2162

TITLE D ☐ Change ☒ Addition
 NAME WARREN MAIRO
 STREET ADDRESS 1315 W. GETTYSBURG DR
 CITY-ST-ZIP PORT ST. LUCIE, FL. 34953

TITLE DE ☐ Delete
 NAME BENEDICT, ROBERT
 STREET ADDRESS 137 N E TUNICEN AVENUE
 CITY-ST-ZIP PORT. ST. LUCIE FL 34953

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

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: ROBERT W. BENEDICT JR. 5-1-00 (561) 8796953
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)