

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90145 039 ****61.25

DOCUMENT # N41003

1. Entity Name

JEFF CHILLDON PARENTS GROUP ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O K. WAYNE CHAMBLISS
 7335 POTTS RD
 RIVERVIEW FL 33569

C/O K. WAYNE CHAMBLISS
 7335 POTTS RD
 RIVERVIEW FL 33569

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

59-3068882

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANNOCK, STEVEN L ESQ.
HOLLAND & KNIGHT
400 N. ASHLEY DR.
TAMPA FL 33602

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	PD	<input type="checkbox"/> Delete
NAME	MCPIKE, JOANNE WEST	
STREET ADDRESS	3907 DELEON ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAMBLISS, K. WAYNE	
STREET ADDRESS	7335 POTTS RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CHAMBLISS, LORRAINE B	
STREET ADDRESS	7335 POTTS RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569-4648	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *K. Wayne Chambliss*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Jan. 24, 2002* (813) 677-0027
 Daytime Phone #

CR2E037 (9/01)