2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am **DOCUMENT # N44307 Secretary of State** 02-08-2001 90020 005 ****61.25 JCI SENATORS FOUNDATION OF FLORIDA, INC. Principal Place of Business Mailing Address 713 S. ORANGE AVE. 713 S. ORANGE AVE. 713646 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3091793 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MERCURIO, JOHN J. 713 S. ORANGE AVE. SARASOTA FL 34236 City 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Addition TITLE ☐ Delete TITLE Change WHITMORE, RON NAME NAME 1008 GREENBRIER DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **BRANDON FL** VPD TITLE ☐ Delete TITLE Change Addition HARROW, DICK NAME NAME STREET ADDRESS 1999 JUGAN RD. STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE Change ☐ Addition BATTERMAN, BARRY NAME NAME STREET ADDRESS STREET ADDRESS **526 NE 199 LANE** CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BCH FL TITLE Delete TITLE ☐ Change Addition DEAL, CECIL NAME NAME STREET ADDRESS 9682 108TH AVE NO. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE Delete TITLE ☐ Change ☐ Addition MERCURIO, JOHN NAME NAME 713 SOUTH ORANG AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SARASOTA FL 34236 TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

MATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/01

(441) 957-4585

Daytime Phone #

FILED

25037 (10/00)