

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000559

1. Entity Name

WEST ORANGE JAYCEES, INC.

Principal Place of Business

1190 PARTLOW DR
WINTER GARDEN FL 34787
US

Mailing Address

1190 PARTLOW DR
WINTER GARDEN FL 34787-4425
US

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

59-2906975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASMA, WILLIAM N
886 SO DILLARD STR
WINTER GARDEN FL 34787

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 ☐ Delete
NAME VOLL, LINDA
STREET ADDRESS 1190 PARTLOW DR
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME VOLL, JOHN
STREET ADDRESS 1190 PARTLOW DR
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME DAVIS, SHERRY
STREET ADDRESS 1190 PARTLOW DR
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME HOLDER, RILEY
STREET ADDRESS 1190 PARTLOW DR
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME DAVIS, DARREL
STREET ADDRESS 1190 PARTLOW DR
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ Delete
NAME DAVIS, CAROL
STREET ADDRESS 1190 PARTLOW DR
CITY-ST-ZIP WINTER GARDEN FL

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
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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)(l), 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:

Carol Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90968 002 ****61.25



DO NOT WRITE IN THIS SPACE

CH2E017 (04/01)

4-28-00