

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001621

1. Entity Name

FLORIDA JUNIOR CHAMBER OF COMMERCE DISASTER RELI

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90111 026 ****61.25

Principal Place of Business

Mailing Address

2000 N. GILMORE AVE.
 LAKELAND FL 33805

2000 N. GILMORE AVE.
 LAKELAND FL 33805-3068

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

59-3218872

Applied For

Not Applicable

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

JAYNES, KAREN
 4027 INDIAN RIVER DR.
 COCOA FL 32927

Name

PAUL HULL

Street Address (P.O. Box Number is Not Acceptable)

2030 KINGSWOOD RD.

City

JACKSONVILLE FL

Zip Code

32207

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
 NAME JANKLOW, ADAM
 STREET ADDRESS 2620 ARLEX DR. WEST
 CITY-ST-ZIP JACKSONVILLE FL 32201 ☐ Delete

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

TITLE D
 NAME JAYNES, KAREN
 STREET ADDRESS 4027 INDIAN RIVER DR.
 CITY-ST-ZIP COCOA FL 32927 ☒ Delete

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

TITLE D
 NAME KUNTZ, BOB
 STREET ADDRESS 918 SOUTH PARK CT.
 CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE T
 NAME PAUL HULL
 STREET ADDRESS 2030 KINGSWOOD RD.
 CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE D
 NAME L.J. PORTESIS
 STREET ADDRESS 3441 N.E. 14TH TERRACE
 CITY-ST-ZIP POMPANO BEACH, FL 33064 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE S
 NAME JACKIE FLORY
 STREET ADDRESS 661 CARDOVA AVE.
 CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

(904) 727-3600

Date

Daytime Phone #

CR2E037 (9/99)