

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90483 043 ****61.25

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1. Entity Name

FLORIDA JUNIOR CHAMBER OF COMMERCE DISASTER RELIEF FOUNDATION, INC.



Principal Place of Business

**2000 N. GILMORE AVE.
LAKELAND FL 33805**

Mailing Address

**2000 N. GILMORE AVE.
LAKELAND FL 33805**

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

**RUSO, SUZANNE
4407 YORKSHIRE DR
MELBOURNE FL 32935**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **EBBITT, DONALD**
STREET ADDRESS **PO BOX 991**
CITY-ST-ZIP **KEY WEST FL 33041**

TITLE **D** ☒ Delete
NAME **PERTESIS, L.J.**
STREET ADDRESS **3441 NE 14TH TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE **D** ☐ Delete
NAME **PETTY, BARBARA**
STREET ADDRESS **5973 FOXHOLLOW DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **T** ☐ Delete
NAME **RUSO, RICHARD**
STREET ADDRESS **4407 YORKSHIRE DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **S** ☐ Delete
NAME **RUSO, SUZANNE**
STREET ADDRESS **4407 YORKSHIRE DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **DON EBBITT**
STREET ADDRESS **PO BOX 991**
CITY-ST-ZIP **KEY WEST, FL 33041**

TITLE **S** ☐ Change ☒ Addition
NAME **KAREN HITE**
STREET ADDRESS **5335 OSCEOLA DR.**
CITY-ST-ZIP **ST. CLOUD, FL 34713**

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

TITLE **T** ☒ Change ☐ Addition
NAME **BARBARA PETTY**
STREET ADDRESS **5973 Fox hollow Dr.**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **P** ☒ Change ☐ Addition
NAME **RICHARD RUSSO**
STREET ADDRESS **4407 YORKSHIRE DR.**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D** ☒ Change ☐ Addition
NAME **SUZANNE RUSSO**
STREET ADDRESS **4407 YORKSHIRE DR.**
CITY-ST-ZIP **MELBOURNE, FL 32935**

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 REQUIRED

CR2E037 (10/02)