

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-04-2000 90115 049 ****61.25

DOCUMENT # N94000002967

1. Entity Name

FLORIDA JCI SENATORS, INC.

A0026752



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

713 S. ORANGE AVE.
 SARASOTA FL 32436

713 S. ORANGE AVE.
 SARASOTA FL 34236-7557

2. Principal Place of Business

4670 Anchor Lane

3. Mailing Address

4670 Anchor Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

4. FEI Number

65-0508833

Applied For

Not Applicable

Zip

32514

Country

Zip

32514

Country

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

MERCURIO, JOHN
713 S. ORANGE AVE.
SARASOTA FL 32436

Name **Stephen E. Sutherland**

Street Address (P.O. Box Number is Not Acceptable)
4670 Anchor Lane

City **Pensacola**

FL

Zip Code **32514**

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

Stephen E Sutherland

ATTORNEY

2-24-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, ROGER P.O. BOX 1639 JENSEN FL 34958	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAINES, STEVE 10749 CLEARY BLVD 102 PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIGGINBOTHAM, TRACY 3535 N. US 1 STE 3 COCOA FL 32929	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, KEN 234 LANGFORD PARK DRIVE DAVENPORT FL 33837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MERCURIO, JOHN 713 S. ORANGE AVE SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kathy Kampman 111 Ruby Lake Drive Winter Haven, Florida 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Paul Carpenella 189 Moonstone Court Port Orange, Florida 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Higginbotham, Tracy 3935-L North US 1 Cocoa, Florida 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kathy Kampman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY KAMPMAN

2/28/00

407-493-0492

Days

Daytime Phone #

CR2E037 (9/99)