

**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.      713 S. ORANGE AVE.  
 SARASOTA FL 32436      SARASOTA FL 34236-7557

2. Principal Place of Business      3. Mailing Address  
 4670 Anchor Lane      4670 Anchor Lane  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Pensacola, Florida      Pensacola, Florida  
 Zip      Country      Zip      Country  
 32514           32514          

4. FEI Number      Applied For  
**65-0508833**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MERCURIO, JOHN**  
**713 S. ORANGE AVE.**  
**SARASOTA FL 32436**

7. Name and Address of New Registered Agent  
 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Kathy Kampman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	111 Ruby Lake Drive	
CITY-ST-ZIP	Winter Haven, Florida 33884	
TITLE NAME	SD Paul Carpenella	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	189 Moonstone Court	
CITY-ST-ZIP	Port Orange, Florida 32119	
TITLE NAME	TD Higginbotham, Tracy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3935-L North US 1	
CITY-ST-ZIP	Cocoa, Florida 32926	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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*      KATHY KAMPMAN      2/28/00      407-493-0492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)