

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90326 007 ****61.25

DOCUMENT # N94000002967

1. Entity Name

FLORIDA JCI SENATORS, INC.

Principal Place of Business

Mailing Address

**4670 ANCHOR LANE
 PENSACOLA FL 32514**

**4670 ANCHOR LANE
 PENSACOLA FL 32514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0508833

Applied For

Not Applicable

Zip

Country

Zip

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

**SUTHERLAND, STEPHEN E
 4670 ANCHOR LANE
 PENSACOLA FL 32514**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **KAMPMAN, KATHY**
 STREET ADDRESS **111 RUBY LAKE DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **PD** Change Addition
 NAME **Michael Phillips**
 STREET ADDRESS **7829 Fox Squirrel Circle**
 CITY-ST-ZIP **Lakeland, Florida 33809**

TITLE **SD** Delete
 NAME **CARPENELLA, PAUL**
 STREET ADDRESS **189 MOONSTONE COURT**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **TD** Change Addition
 NAME **Randy Windham**
 STREET ADDRESS **415 East Second Street**
 CITY-ST-ZIP **Panama City, Florida 32401**

TITLE **TD** Delete
 NAME **HIGGINBOTHAM, TRACY**
 STREET ADDRESS **3935-L NORTH US 1**
 CITY-ST-ZIP **COCOA FL 32929**

TITLE **VD** Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VD** Delete
 NAME **MILLER, KEN**
 STREET ADDRESS **234 LANGFORD PARK DRIVE**
 CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VD** Change Addition
 NAME **Mark W. Brandel**
 STREET ADDRESS **2525 NE 131st Lane**
 CITY-ST-ZIP **Okeechobee, Florida 34972**

TITLE _____ Delete
 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)(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

1-20-02 (941)815-1719

Date

Daytime Phone #

CR2E037 (9/01)