

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90075 026 ****61.25

DOCUMENT # N94000002967

1. Entity Name
FLORIDA JCI SENATORS, INC.



Principal Place of Business

**4670 ANCHOR LANE
PENSACOLA FL 32514**

Mailing Address

**4670 ANCHOR LANE
PENSACOLA FL 32514**

30062010



☐ CHECK HERE IF MAKING CHANGES

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MICHEAL, PHILLIP**
STREET ADDRESS **7829 FOS SQUIRELL CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **SD** ☐ Delete
NAME **WILLIAMS, RANDY**
STREET ADDRESS **415 EAST SECOND STREE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **TD** ☒ Change ☐ Addition
NAME **Windham, Randy**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **V.D** ☒ 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 **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BRANDEL, MARK**
STREET ADDRESS **2525 NW 13 LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Elliot, Kay**
STREET ADDRESS **5018 GreenBrook Lane**
CITY-ST-ZIP **Lakeland, FL 33811**

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 Miller, Pres. 10 Feb 03 (850) 432-5400**

CR2E037 (10/02)