


**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 Mailing Address

4670 ANCHOR LANE **4670 ANCHOR LANE**
PENSACOLA FL 32514 **PENSACOLA FL 32514**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

JUN 20 2003



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0508833** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUTHERLAND, STEPHEN E
4670 ANCHOR LANE
PENSACOLA FL 32514

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input checked="" type="checkbox"/> Delete
NAME	MICHEAL, PHILLIP	
STREET ADDRESS	7829 FOS SQUIRELL CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, RANDY	
STREET ADDRESS	415 EAST SECOND STREE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, TRACY	
STREET ADDRESS	3935-L NORTH US 1	
CITY-ST-ZIP	COCOA FL 32929	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, KEN	
STREET ADDRESS	234 LANGFORD PARK DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRANDEL, MARK	
STREET ADDRESS	2525 NW 13 LANE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Windham, Randy	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *KEN MILLER* **REQUIRER Miller, Pres. 10 Feb 03 (850) 432-5400**

CR2E037 (10/02)