

2000 UNIFORM BUSINESS REPORT (UBR)

2/8/0

FILED

May 02, 2000 8:00 am
Secretary of State

02-08-2000 90164 042 ****61.25

DOCUMENT # N95000002427

1. Entity Name

LABELLE JAYCEES, INC.

Principal Place of Business

**100 JAYCEE LIONS DRIVE
LABELLE FL 33935**

Mailing Address

**P O BOX 1132
LABELLE FL 33975-1132
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3318145

Applied For

Not Applicable

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

**LUCKEY, OWEN L JR
110 NORTH MAIN ST.
LABELLE FL 33935**

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]*

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	D	NAME	MERRITT, JERRI	STREET ADDRESS	RT. 1 BOX 115	CITY-ST-ZIP	IMMOKALEE FL	<input type="checkbox"/> Delete
TITLE	T	NAME	WOOSLEY, ELLEN	STREET ADDRESS	4037 S. EDGEWATER	CITY-ST-ZIP	LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE	S	NAME	ORLINSKI, MELINDA B	STREET ADDRESS	100 JAYCEE LIONS DR	CITY-ST-ZIP	LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE	D	NAME	MILLER, TRACY	STREET ADDRESS	4014 TEAK LN	CITY-ST-ZIP	LABELLE FL 33935	<input checked="" type="checkbox"/> Delete
TITLE	P	NAME	MILLER, TRACY	STREET ADDRESS	4014 TEAK LANE	CITY-ST-ZIP	LABELLE FL 33935	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	BRYAN HARRISON	STREET ADDRESS	9 OXBOW DR.	CITY-ST-ZIP	LABELLE FL	<input checked="" type="checkbox"/> Delete

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE		NAME	Orlinski, Melinda	STREET ADDRESS	100 Jaycee Lions Dr	CITY-ST-ZIP	LABELLE FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE		NAME	Kim H. White	STREET ADDRESS	100 Jaycee Lions Dr.	CITY-ST-ZIP	LABELLE FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE		NAME	Larry Woosley	STREET ADDRESS	4037 S Edgewater Cir	CITY-ST-ZIP	LABELLE FL 33935	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

863-675-1199

Daytime Phone #

[Signature]

3-28-00