

2001 UNIFORM BUSINESS REPORT (UBR)

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
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, 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
After September 12, 2001, min. will be \$236.25**

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 ☐ Delete
NAME **D MERRITT, JERRI**
STREET ADDRESS **RT. 1 BOX 115**
CITY-ST-ZIP **IMMOKALEE FL**

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

TITLE ☐ Delete
NAME **T WOOSLEY, ELLEN**
STREET ADDRESS **4037 S. EDGEWATER**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☒ Change ☐ Addition
NAME **Ellen Woosley**
STREET ADDRESS **4037 S Edgewater**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE ☐ Delete
NAME **S ORLINSKI, MELINDA B**
STREET ADDRESS **100 JAYCEE LIONS DR**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☒ Change ☐ Addition
NAME **Melinda B. Orlinki**
STREET ADDRESS **5001 NW Tradewind Cir**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE ☐ Delete
NAME **D MILLER, TRACY**
STREET ADDRESS **4014 TEAK LN**
CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE ☒ Delete
NAME **P MILLER, TRACY**
STREET ADDRESS **4014 TEAK LANE**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☒ Change ☒ Addition
NAME **Lola Treadwell**
STREET ADDRESS **100 Jaycee Lions Dr**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE ☒ Delete
NAME **D BRYAN HARRISON**
STREET ADDRESS **9 OXBOW DR.**
CITY-ST-ZIP **LABELLE FL**

TITLE ☐ Change ☒ Addition
NAME **Monico Rodriguez**
STREET ADDRESS **100 Jaycee Lions Dr**
CITY-ST-ZIP **LaBelle FL 33935**

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: **MONICO RODRIGUEZ President** 7-2001 1863 1875-11686

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90228 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)