

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90795 033 \*\*\*\*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  
 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

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

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.

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

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

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

TITLE **P** ☐ Delete  
 NAME **ORLINSKI, MELINDA B**  
 STREET ADDRESS **5001 NW TRADEWIND CIR**  
 CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE **D** ☐ Delete  
 NAME **TREADWELL, LOLA**  
 STREET ADDRESS **100 JAYCEE LIONS DR**  
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE **T** ☐ Delete  
 NAME **RODRIGUEZ, MONICO**  
 STREET ADDRESS **100 JAYCEE LIONS DR**  
 CITY-ST-ZIP **LABELLE FL 33935**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Shannon Woosley**  
 STREET ADDRESS **5001 Obispo Cir**  
 CITY-ST-ZIP **Labelle, FL 33935**

TITLE ☐ Change ☐ Addition  
 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 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

Date

Daytime Phone #

**1-16-02 675-1686**

CR2E037 (9/01)