## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800005303

1. Entity Name

THE JAYCEES OF CHARLOTTE COUNTY, INC.



## **FILED** Sep 18, 2000 8:00 am Secretary of State 09-18-2000 90022 033 \*\*\*\*61.25

			09-1
•	Principal Place of Business	Mailing Address	
	115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	POST OFFICE BOX 8053 PORT CHARLOTTE FL 33949	
	2. Principal Place of Business 96 Rotonda Circle	3. Mailing Address	
	Suite, Apt. #, etc.	Suite, Apt. #, etc	DO
	City & State	City & State	4. FEI Number

115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950		POST OFFICE BOX 8053 PORT CHARLOTTE FL 33949									
2. Principal Pl	ace of Busine	,	3. Mailing Address								
96 Rotonda Circle Suite Apt. #. etc.		Suite, Apt. #, etc.	_	<del></del> _		, 100,	DO NOT V	WRITE IN THIS	SPACE		
Cuito, ripti				_			<u></u>				
Rotonda West Florida  Zip Country 33947 USA		City & State  Zip Country		4. FEI Number 65-0853642		<u> </u>	Applied For Not Applicable				
				Country				\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of Ne	w Registered	Agent	
LILLY, SCOTT 115 WEST OLYMPIA AVENUE PUNTA GORDA: FL 33950		·			Eric ddress (i <b>96</b>	D Ste O. Box Number Roton da	e fanik ris Not Accept Circle	able)			
	· · · · · · · · · · · · · · · · · · ·				City R	oton	dh Wes	t	FL	Zip Co	de -17
8. The above	named enlity	submits this statement fo	r the purpose of changing its r	egister	ed office or	register	ed agent, or both	n, in the state o	f Florida.	· ·	
SIGNATURE _		D. Stefand x printed name of registered agent.	8-24-00 (NOTE:	Røgistere	id Agent signati	ure required	when reinstating)		DATE		
		FEELIS \$61.25 2000 min. will be \$2		-	on. E	∐ Áde	J.00 May Be ded to Fees		lake Check Department	t of State	*
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STREET AODRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					· · · · · · · · · · · · · · · · · · ·	

12. I hereby certify that the information supplied with this filling 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.

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