

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006566

1. Entity Name

JENNIFER LEAH KAIRIS MEMORIAL FOUNDATION FOR THE

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90074 018 ****61.25

Principal Place of Business

700 REMINGTON OAK DRIVE
 LAKE MARY FL 32746

Mailing Address

4175 WEST LAKE MARY BLVD
 SUITE 172
 LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KAIRIS, JOHN P
 700 REMINGTON OAK DRIVE
 LAKE MARY FL 32746

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
After September 13, 2000 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

TITLE C ☐ Delete
 NAME KAIRIS, JOHN P
 STREET ADDRESS 700 REMINGTON OAK DR.
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE P ☐ Delete
 NAME KAIRIS, BARBARA
 STREET ADDRESS 700 REMINGTON OAK DR
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
 NAME OUELLETTE, THOMAS
 STREET ADDRESS 1000 HOLT AVE., 2735
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
 NAME EISSELE, GILL
 STREET ADDRESS LONGWOOD-LAKEMARY RD
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
 NAME REVELS, JEFF
 STREET ADDRESS 1001 E. PRINCETON ST
 CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ Delete
 NAME SIDNER, WILL
 STREET ADDRESS 698 REMINGTON OAK DR.
 CITY-ST-ZIP LAKE MARY FL 32746

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)