

DOCUMENT # N99000001206

1. Entity Name

JUST B-CAUSE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

02-29-2000 90149 003 ****61.25

Principal Place of Business Mailing Address
 P.O. BOX 41333 P.O. BOX 41333
 ST. PETERSBURG FL 33743-1333 ST. PETERSBURG FL 33743-1333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 P.O. Box 41333 P.O. Box 41333
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 (N/A) (N/A)

City & State City & State
 St. Petersburg FL St. Petersburg FL
 Zip Country Zip Country
 33743-1333 Pinellas 33743-1333 Pinellas

4. FEI Number Applied For
 59-3562018 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
 YANGER, WILLIAM L
 324 SOUTH HYDE PARK AVENUE
 SUITE 210
 TAMPA FL 33707
 Name: (-Same)
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD	☒ Delete	TITLE	Executive Director	☒ Change ☐ Addition
NAME	LEE, BOBBIE SHAY		NAME	Bobbie Shay Lee	
STREET ADDRESS	3400 79TH WAY NORTH		STREET ADDRESS	3400 79th Way N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710		CITY-ST-ZIP	St. Petersburg FL	
TITLE	VD	☒ Delete	TITLE	President	☒ Change ☐ Addition
NAME	DUTCHER, DEVIN		NAME	Matthew McNulty	
STREET ADDRESS	910 LANTANA AVENUE		STREET ADDRESS	555 Park Street South	
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP	St. Petersburg FL 33707	
TITLE	TD	☒ Delete	TITLE	Secretary	☐ Change ☒ Addition
NAME	MCNULTY, MATTHEW		NAME	Beverly Smith	
STREET ADDRESS	555 PARK STREET SOUTH		STREET ADDRESS	1050 Starkey Rd #510	
CITY-ST-ZIP	ST. PETERSBURG FL 33707		CITY-ST-ZIP	Largo FL 33771	
TITLE	DD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DODD, JAMIE		NAME		
STREET ADDRESS	4503 LACARMEN COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YANGER, WILLIAM L		NAME		
STREET ADDRESS	324 SOUTH HYDE PARK AVENUE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33707		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2000
 February 20, 2000
 727-343-5226