

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90092 048 \*\*\*\*61.25

**DOCUMENT # 741443**

1. Entity Name

**THE JUNIOR SERVICE LEAGUE OF BROOKSVILLE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 936  
 BROOKSVILLE FL 34601

P.O. BOX 936  
 BROOKSVILLE FL 34605-0936

**A0049364**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1232904**

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

7. Name and Address of New Registered Agent

**TAYLOR, SHARON O**  
**13209 OLD CRYSTAL RIVER ROAD**  
**BROOKSVILLE FL 34601**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOVELOCK, NANCY</b> <b>1114 BENTLEY AVE.</b> <b>SPRING HILL FL 34608</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROGERS, ELANE</b> <b>516 HOWELL AVE</b> <b>BROOKSVILLE FL 34601</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FISCHER, RENEE</b> <b>1130 BENTLEY AVE</b> <b>SPRING HILL FL 34608</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOUT, LUANEE</b> <b>621 PROSPECT HILL CT</b> <b>BROOKSVILLE FL 34601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLT, JOANNAH</b> <b>6048 SCHALE KAMP DR</b> <b>SPRING HILL FL 34609</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FAULKINGHAM, TINA</b> <b>5492 HOPE HILL RD</b> <b>BROOKSVILLE FL 34601</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>LuAnne Stout.</b> <b>621 Prospect Hill Ct.</b> <b>Brooksville, FL 34601</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. President</b> <b>Angie Woodruff.</b> <b>107 Sunset Dr.</b> <b>Brooksville, FL 34601</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Coni Young</b> <b>035 Moonlight Lane</b> <b>Brooksville, FL 34601</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Becky Church</b> <b>9516 Wallien Dr.</b> <b>Brooksville, FL 34601</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Elane Rogers</b> <b>135 Fernwood Dr.</b> <b>Brooksville, FL 34601</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Nancy Mason</b> <b>18276 Mason-Smith Rd</b> <b>Brooksville, FL 34601</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Elane M. Rogers Elane M. Rogers 4/21/00 352-796-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)