

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90201 017 \*\*\*\*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 34605  
 US

P.O. BOX 936  
 BROOKSVILLE FL 34605  
 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 **59-1232904**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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>WOODRUFF, ANGIE</b> <b>107 SUNSET DR.</b> <b>BROOKSVILLE FL 34601</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BROWN, TERESA</b> <b>31010 PARK RIDGE DRIVE</b> <b>BROOKSVILLE FL 34601</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEGGETT, STACEY</b> <b>POST OFFICE BOX 10423</b> <b>BROOKSVILLE FL 34603</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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, NICKIE</b> <b>2484 GOLD HILL ROAD</b> <b>BROOKSVILLE FL 34601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MASON, NANCY</b> <b>18276 MASON SMITH RD</b> <b>BROOKSVILLE FL 34601</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Brown, Theresa</b> <b>31010 Park Ridge Dr.</b> <b>Brooksville, Fl. 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Jennie Dill</b> <b>20263 Gamble Dr</b> <b>Brooksville, Fl. 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Robin Bishop</b> <b>24444 Kiwi Lane</b> <b>Brooksville, Fl. 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Angie Woodruff</b> <b>107 Sunset Dr</b> <b>Brooksville, Fl. 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WELTE LAUREL</b> <b>10064 Weeks Dr</b> <b>Brooksville, Fl. 34601</b>	<input 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: *Sharon O Taylor*

4.20.02 352.799.4460

CR2E037 (9/01)

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