

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705355

1. Entity Name

BRANDON SWIMMING AND TENNIS CLUB, INC.

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

05-19-2000 90075 047 ****61.25

Principal Place of Business

Mailing Address

405 BEVERLY BLVD
BRANDON FL 33511
US

405 BEVERLY BLVD
BRANDON FL 33511-5507
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1001300

Applied For

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

GREENWELL, JOSEPH R
405 BEVERLY BLVD
BRANDON FL 33511

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

Joseph Greenwell N/A

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 PD ☐ Delete
NAME GREENWELL, JOE
STREET ADDRESS 405 BEVERLY BLVD
CITY-ST-ZIP BRANDON FL 33511

TITLE Vice President ☐ Change ☒ Addition
NAME MaryBeth Sutterfuss
STREET ADDRESS 411 Rosier Rd.
CITY-ST-ZIP Brandon, FL 33511

TITLE D ☐ Delete
NAME BANKS, PETER
STREET ADDRESS 14320 DIPLOMAT DR
CITY-ST-ZIP TAMPA FL 33613

TITLE Director ☐ Change ☒ Addition
NAME Kirsten Wilman
STREET ADDRESS 911 Symphony Isles Blvd.
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE STD ☐ Delete
NAME GREENWELL, SHIRLEY
STREET ADDRESS 509 SEFFNER VALRICO RD.
CITY-ST-ZIP VALRICO FL 33594

TITLE Margaret Priola ☐ Change ☒ Addition
NAME Margaret Priola
STREET ADDRESS 405 S. Oakwood Ave
CITY-ST-ZIP Brandon, FL 33511

TITLE D ☐ Delete
NAME PIPPIN, KATHERINE
STREET ADDRESS 2404 S. LENA AVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE Katherine Pippin ☒ Change ☐ Addition
NAME Katherine Pippin
STREET ADDRESS P.O. Box 1292
CITY-ST-ZIP Quincy, FL 32353

TITLE D ☐ Delete
NAME POLLOCK, SUE
STREET ADDRESS 1807 LAUREL OAK DR
CITY-ST-ZIP VALRICO FL 33594

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME AYERS, BRUCE
STREET ADDRESS 6321 20TH AVE S.
CITY-ST-ZIP TAMPA FL 33619

☐ Change ☐ 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:

Joseph Greenwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)