## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am Secretary of State **DOCUMENT # 700170** 1. Entity Name GIRL SCOUT COUNCIL OF THE APALACHEE BEND INC. 05-11-2001 90019 011 \*\*\*\*61.25 Principal Place of Business Mailing Address 250 PINEWOOD DRIVE 250 PINEWOOD DRIVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0760209 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARBIN, MERLINE J 250 PINEWOOD DR TALLAHASSEE FL 32301 City Zip Code FL 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **PBOD PBOD** TITLE Delete TITLE ☐ Change XIX Addition NAME INMAN-CREWS, DOT NAME Alexionok, Linda STREET ADDRESS FSU -3025 STREET ADDRESS 2212 Woodlawn Drive CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Tallahassee, FL 32303 X Delete TITLE NAME CARTER-SMITH, PAIGE Witherspoon, Ruth NAME STREET ADDRESS 5220 BUCK LAKE RD STREET ADDRESS P.O. Box 12182 CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL Tallahassee, FL 32317-2182 Delete TITLE XX Addition TITLE Change NAME ALEXIONOK, LINDA NAME Kelley, Diane STREET ADDRESS 2212 WOODLAWN DR STREET ADDRESS 1549 Colonial Drive CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL Tallahassee, FL 32303 TITLE Delete TITLE ☐ Change ■ Addition NAME HARBIN, MERLINE J NAME STREET ADDRESS 250 PINEWOOD DR. STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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.

Merline J. Harbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4/23/2001 850-386-2131</u>