

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90075 009 \*\*\*\*61.25

**DOCUMENT # 700170**

1. Entity Name

**GIRL SCOUT COUNCIL OF THE APALACHEE BEND INC.**

Principal Place of Business

Mailing Address

**250 PINEWOOD DRIVE  
TALLAHASSEE FL 32303**

**250 PINEWOOD DRIVE  
TALLAHASSEE FL 32303**

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 **59-0760209**

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

~~HARBIN, MERLINE J~~  
**250 PINEWOOD DR  
TALLAHASSEE FL 32301**

Name - **MALANE, MAUREEN A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**250 PINEWOOD DRIVE**  
City **TALLAHASSEE** **FL** Zip Code **32303**

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

*Maureen A. Malane*

*3-29-2002*

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 **PBOD** ☐ Delete  
NAME **ALEXIONOK, LINDA**  
STREET ADDRESS **2212 WOODLAWN DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete  
NAME **WITHERSPOON, RUTH**  
STREET ADDRESS **PO BOX 12182**  
CITY-ST-ZIP **TALLAHASSEE FL 32317-2182**

TITLE **SD** ☒ Change ☐ Addition  
NAME **KELLY, LIZETTE**  
STREET ADDRESS **6925 TOMY LEE TRAIL**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **D** ☒ Delete  
NAME **HARBIN, MERLINE J**  
STREET ADDRESS **250 PINEWOOD DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☒ Change ☐ Addition  
NAME **MALANE, MAUREEN A.**  
STREET ADDRESS **250 PINEWOOD DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **TD** ☐ Delete  
NAME **KELLEY, DIANE**  
STREET ADDRESS **1549 COLONIAL DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ 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:

*Maureen A. Malane, CEO*

*3-26-02 850-3812131*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)