

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90074 005 ****61.25

DOCUMENT # 701021

1. Entity Name

THE 100 CLUB OF GIBSONTON INC



Principal Place of Business

**CORNER MARRILLA & INDIANA ST
PO BOX 344
GIBSONTON FL 33534**

Mailing Address

**CORNER MARRILLA & INDIANA ST
PO BOX 344
GIBSONTON FL 33534**

2. Principal Place of Business

Corner MARRILLA & INDIANA

3. Mailing Address

PO Box 344

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gibsonton

City & State

FL

Zip

33534

Country

Hillsborough

Zip

33534

Country

Hillsborough

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KINCH, BEVERLY A
12130 HWY 41
EASTWOOD MH PARK
GIBSONTON FL 33534**

7. Name and Address of New Registered Agent

Name *Marilyn Reed*
Street Address (P.O. Box Number is Not Acceptable)
12500 McMillen Loop
PO Box 27
City *Riverview* **FL** Zip Code *33569*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marilyn Reed

Marilyn F Reed

1-23-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, JIM | |
| STREET ADDRESS | 7521 GIBSONTON DR | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GRACE, BEA | |
| STREET ADDRESS | 691 RIVERVIEW DR | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLASHBART, BETTY | |
| STREET ADDRESS | PO BOX 344 | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | TANNER, BETTY A | |
| STREET ADDRESS | PO BOX 1027 | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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.

SIGNATURE:

Betty A Tanner

Betty A Tanner 1-24-03 677-1612

CR2E037 (10/02)