

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State
 02-14-2001 90021 001 ****61.25

0014962

DOCUMENT # 706504

1. Entity Name

FLORIDA CREDIT UNION LEAGUE, INC.

Principal Place of Business

**3773 COMMONWEALTH BLVD.
 PO BOX 3108
 TALLAHASSEE FL 32315-0108**

Mailing Address

**3773 COMMONWEALTH BLVD.
 PO BOX 3108
 TALLAHASSEE FL 32315-0108**

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

59-0246163

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

**HOOD, GUY M.
 3773 COMMONWEALTH BLVD.
 TALLAHASSEE FL 32303**

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	SD	<input type="checkbox"/> Delete
NAME	BESKOVOYNE, BOB	
STREET ADDRESS	1727 ORLANDO CENTRAL PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	CB	<input type="checkbox"/> Delete
NAME	GARCIA, LAIDA E	
STREET ADDRESS	FLORIDA CENTRAL CREDIT UNION PO BOX 18065	
CITY-ST-ZIP	TAMPA FL 33679	
TITLE	J	<input type="checkbox"/> Delete
NAME	JORDAN, MELBA	
STREET ADDRESS	PO BOX 2927	
CITY-ST-ZIP	JACKSONVILLE FL 32232	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, WENDELL	
STREET ADDRESS	PO BOX 2650	
CITY-ST-ZIP	LARGO FL 33779	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINCE, TRUDY	
STREET ADDRESS	5545 S ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS BROOKS, TREASURER	
STREET ADDRESS	1400 ROLLINGS OAKS DRIVE	
CITY-ST-ZIP	MOLINA, FLORIDA 32577	
TITLE	S/D	<input checked="" 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:

[Signature] **RECEIVED Hood, Pres/CEO 2/12/01 850-576-8171**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)