

2002 UNIFORM BUSINESS REPORT (UBR)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
BESKOVYNE, BOB
1727, ORLANDO CENTRAL PARKWAY
ORLANDO FL 32809 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GARCIA, LAIDA
3333 HENDERSON BLVD.
TAMPA, FL 33609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GARCIA, LAIDA E.
FLORIDA CENTRAL CREDIT UNION PO BOX 18065
TAMPA FL 33679 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PRINCE, TRUDY
5545 S ORANGE AVENUE
ORLANDO, FL 32809 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JORDAN, MELBA
PO BOX 2927
JACKSONVILLE FL 32232 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BROOKS, CHRIS
1400 ROLLINGS OAKS DRIVE
MOLINO FL 32577 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PRINCE, TRUDY
5545 S ORANGE AVENUE
ORLANDO FL 32809 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HIRABAYASHI, JOHN
623 NORTH MAIN STREET
JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 850-576-8171

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90159 019 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)