2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90070 013 ****61.25

DOCUMENT # 738302

1. Entity Name

GFWC BRANDON SERVICE LEAGUE, INC.

Principal Place of Business	Mailing Address
121 ASHBROOK DR PO BOX 140 BRANDON FL 33509-7140	P O BOX 140 PO BOX 140 BVRANDON FL 33509-0140 US

DO NOT WRITE IN THIS SPACE

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 59-1729630 ☐ 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
ELAM, PAT 121 ASHBROOK DR BRANDON FL 33511	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	XPDX T CROONE, RITA 708 N SYLVAN DRIVE BRANDON FL 33510-3536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PULLINGER, SANDY 1010 WINCHESTER LAND VALRICO, FL 33594	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEAVER, T J 1130 BELLADONNA DRIVE BRANDON FL 33510	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JORDAN, BECKY 3817 SCOVILL LANE VALRICO, FL 33594	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWABE, BARBARA 2927 LITTLE ROAD VALRICO FL 33594	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Sandy Pullinger SIGNATURE REQUIRED Sandy Pullinger 2/8/01 (813)684-5479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #