2002 UNIFORM BUSINESS REPORT (ÚBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

May 21, 2002 8:00 am Secretary of State DOCUMENT # **738302** 1. Entity Name 03-14-2002 90307 013 ****61.25 GFWC BRANDON SERVICE LEAGUE, INC. Principal Place of Business Mailing Address 121 ASHBROOK DR P O BOX 140 28204 PO BOX 140 PO BOX 140 BRANDON FL 33509-7140 BVRANDON FL 33509-0140 3. Mailing Address 2. Principal Place of Business P. O. Box 140 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1729630 Brandon, 33509-0140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ELAM, PAT 121 ASHBROOK DR **BRANDON FL 33511** City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ä 10.-OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI E (9/01) **X** Delete **Addition** MALA CROONE, RITA NAME Roberts, Marilyn STREET ADDRESS E037 STREET ADDRESS 708 N SYLVAN DRIVE 5705 Heron Park Place CITY-ST-ZIF CITY-ST-ZIP BRANDON FL 33510-3538 Lithia, FL 33547 TITLE Delete TITLE ☐ Change Addition NAME FULLINGER, SANDY NAME Elam, Patricia STREET ADDRESS 1010 WINCHESTER LAND STREET ADDRESS 121 Ashbrook Drive CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Brandon, FL 33511 TITLE XXDelete ☐ Change XX Addition JORDAN, BECKY-NAME Darsey-Judy STREET ADDRESS 3817 SCOVILL LANE STREET ADDRESS 12750 Balm Boyette Road CITY-ST-ZIP CITY-ST-7IP Valrico fl 33594 Riverview, FL 33569 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS 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 of the corporation or the receiver or truster changed, or on an attachment with an add

FILED

3/1/

SAUDKA

PULLINGEL

Daytime Phone #