

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740989

1. Entity Name

BETTER BUSINESS FEDERATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90025 034 ****70.00

| | |
|---|--|
| Principal Place of Business 6460 W. GULF TO LAKE HWY SUITE #1 CRYSTAL RIVER FL 34429 US | Mailing Address 6460 W. GULF TO LAKE HWY SUITE #1 CRYSTAL RIVER FL 34429-7E22 US |
|---|--|

| | |
|--------------------------------|--------------------|
| 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
59-1902730

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUNSWICK, DOROTHY
8054 N. MARY TERRACE
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

| |
|---|
| Name DOTTIE B. TELTON |
| Street Address (P.O. Box Number is Not Acceptable) 8054 N. MARY TERRACE |
| P.O. BOX 1131 |
| City CRYSTAL RIVER FL Zip Code 34423 |

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

Dottie B. Telton

1-19-2000

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRUNSWICK, DOROTHY M P. O. BOX 1131 CRYSTAL RIVER FL 34423 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD TEUTON, DOTTIE B P.O. BOX 1131 CRYSTAL RIVER FL 34423 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DENNEY, LINDA M 5602 N. COLONY PINE CIRCLE JACKSONVILLE FL 32244 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

1-19-2000

Date

352-795-3547

Daytime Phone #