

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90005 016 ****61.25

DOCUMENT # 771025

1. Entity Name

BIG BEND RIGHT TO LIFE, INC.

LA

Principal Place of Business

117 1/2 S. MONROE ST.
P.O. BOX 12967
TALLAHASSEE FL 32317

Mailing Address

117 1/2 S. MONROE ST.
P.O. BOX 12967
TALLAHASSEE FL 32317

2. Principal Place of Business

3305 Capital Cir NE.
Suite, Apt. #, etc.
202

3. Mailing Address

P.O. Box 12967
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee

City & State

Tallahassee

4. FEI Number

59-2519385

Applied For

Not Applicable

Zip

32308

Country

Leon

Zip

32317

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, CAROLE
117 1/2 S. MONROE ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **Carole Griffin**

Street Address (P.O. Box Number is Not Acceptable)

2601 Killarney Way

City **Tallahassee**

FL

Zip Code **32309**

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

TITLE **PD** ☐ Delete
NAME **GRIFFIN, CAROLE A.**
STREET ADDRESS **2601 KILLARNEY WAY**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VD** ☐ Delete
NAME **BOWLING, BILL**
STREET ADDRESS **3783 STIRLING CT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
NAME **BOTTCHER, ROSEMARY O**
STREET ADDRESS **RT 3 BOX 23**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Carole Griffin**

1 June 2001

893-1843

CR2E037 (10/00)