

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H09709

1. Entity Name

CREDIT UNION SERVICES, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90009 029 \*\*\*150.00

Principal Place of Business

Mailing Address

11207 N. NEBRASKA AVE.  
TAMPA FL 33602

11207 N. NEBRASKA AVE.  
TAMPA FL 33612-5730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2437850**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRAWFORD, BRIAN  
711 S DALE MABRY  
TAMPA FL 33609

Name **Richard Helber**

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

**711 S. Dale Mabry**

City

**Tampa**

**FL**

Zip Code

**33609**

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

**1/31/00**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete  
NAME **DUBOSE, JIMMY**  
STREET ADDRESS **2307 ANDRE DRIVE**  
CITY-ST-ZIP **LUTZ FL**

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

TITLE **P** ☒ Delete  
NAME **CRAWFORD, BRIAN**  
STREET ADDRESS **15707 PONY PLACE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **President** ☐ Change ☒ Addition  
NAME **Richard Helber**  
STREET ADDRESS **18729 CHARLIE**  
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D** ☐ Delete  
NAME **JAMES, FRANCIS**  
STREET ADDRESS **1812 ALCORN RD.**  
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **D** ☐ Delete  
NAME **BEAUCHAMP, CHARLIE**  
STREET ADDRESS **9826 MCINTOSH ROAD**  
CITY-ST-ZIP **DOVER FL 33527**

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

TITLE **D** ☐ Delete  
NAME **THORNHILL, HARRISON L.**  
STREET ADDRESS **3200 LUCERNE PARK ROAD**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **D** ☐ Delete  
NAME **BASS, ROSE MARIE**  
STREET ADDRESS **15904 TREVOSE LANE**  
CITY-ST-ZIP **ODESSA FL 33556**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**1/31/00**

**813-871-2690**