

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-28-2002 1751 020 ****61.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 July 8 PM 4:01

DOCUMENT # N02000004629

1. Entity Name

The Greyhound Gang of Florida, INC.

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. FEL Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Tracy Parker

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

524 Avocado Circle

City Brandon

FL

Zip Code

33510

**DO NOT WRITE
IN THIS SPACE**

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 Tracy Parker Tracy Parker, President 5-6-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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 President PD
NAME Tracy Parker
STREET ADDRESS 524 Avocado Circle
CITY - ST - ZIP Brandon FL 33510

TITLE Treasurer VP TE, VPD
NAME Joan Ray
STREET ADDRESS 1128 Bloom Hill Ave
CITY - ST - ZIP Valrico FL 33594

TITLE Secretary SD
NAME Rat Myers
STREET ADDRESS 1149 Oakhill St
CITY - ST - ZIP Seffner FL 33584

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-02 813-985-9500
Date Daytime Phone #

CR2E037B (12/01)