

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90138 014 ****61.25

DOCUMENT # N02000004629

1. Entity Name

THE GREYHOUND GANG OF FLORIDA, INC.



Principal Place of Business

**PO BOX 1885
SEFFNER FL 33583**

Mailing Address

**PO BOX 1885
SEFFNER FL 33583**

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 **59-3747341**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

22000236



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, TRACY
524 AVOCADO CIRCLE
BRADENTON FL 33510**

Brandon

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, TRACY	
STREET ADDRESS	524 AVOCADO CR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	RAY, JOAN	
STREET ADDRESS	1128 BLOOM HILL AVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MYERS, PAT	
STREET ADDRESS	1149 OAKHILL ST	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Tracy Parker

1/6/03 (813) 985-9500

CR2E037 (10/02)