

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34773

1. Entity Name

BOYS' AND GIRLS' CLUB OF PERRY/TAYLOR COUNTY, FL



**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90025 031 \*\*\*\*70.00

Principal Place of Business

% GREGORY S. PARKER  
 202 E JULIA DR  
 PERRY FL 32347  
 US

Mailing Address

% GREGORY S. PARKER  
 P O BOX 1474  
 PERRY FL 32347  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State  
 Perry, Florida 32347

Zip Country  
 32347 Taylor

3. Mailing Address

P. O. Box 1474

Suite, Apt. #, etc.

City & State  
 Perry, Florida 32348

Zip Country  
 32348 Taylor



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2973927

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, GREGORY S.  
 411 N WASHINGTON ST  
 PERRY FL 32347

7. Name and Address of New Registered Agent

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.

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**  
**After September 13, 2000 min. will be \$236.25**

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 DP ☒ Delete  
 NAME GREEME, EARLE  
 STREET ADDRESS 178 LANDRY ROAD  
 CITY-ST-ZIP PERRY FL 32347

TITLE DP ☒ Delete  
 NAME GUNTER, DARYLL  
 STREET ADDRESS RT 3 BOX 187  
 CITY-ST-ZIP PERRY FL 32347

TITLE DT ☒ Delete  
 NAME DEMING, MIKE  
 STREET ADDRESS 615 N JEFFERSON  
 CITY-ST-ZIP PERRY FL 32047

TITLE SD ☒ Delete  
 NAME FLOWERSM, JEANETTE  
 STREET ADDRESS 108 S BLAIR  
 CITY-ST-ZIP PERRY FL

TITLE DVP ☒ Delete  
 NAME DAY, EVELYN  
 STREET ADDRESS 1809 S. BYRON BUTLER PKWY  
 CITY-ST-ZIP PERRY FL 32347

TITLE DVP ☒ Delete  
 NAME BURNS, BARBARA  
 STREET ADDRESS 582 E. ASH ST.  
 CITY-ST-ZIP PERRY FL 32347

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition  
 NAME Daryll Gunter  
 STREET ADDRESS Rt. 3 Box 187  
 CITY-ST-ZIP Perry, Florida 32348

TITLE DVP ☐ Change ☒ Addition  
 NAME Dan Simmons  
 STREET ADDRESS Rt. 3 Box 260  
 CITY-ST-ZIP Perry, FL 32348

TITLE DVP ☐ Change ☒ Addition  
 NAME Patrica Patterson  
 STREET ADDRESS P. O. Box 1123  
 CITY-ST-ZIP Perry, FL 32348

TITLE DVP ☐ Change ☒ Addition  
 NAME Richard Hires  
 STREET ADDRESS P.O. Box 1727  
 CITY-ST-ZIP Perry, FL 32347

TITLE DT ☐ Change ☒ Addition  
 NAME Richard Olcott  
 STREET ADDRESS 107 Osceola Road  
 CITY-ST-ZIP Perry, Florida 32347

TITLE SD ☐ Change ☒ Addition  
 NAME Jerome McLin  
 STREET ADDRESS 707 W. Bay Street  
 CITY-ST-ZIP Perry, FL 32347

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date

850-584-8448

Daytime Phone #

CR2E037 (5/00)