2001 UNIFORM; BUSINESS REPORT (UBR)

FILED Feb 15, 2001 8:00 am **DOCUMENT # N34773 Secretary of State** 1. Entity Name BOYS' AND GIRLS' CLUB OF PERRY/TAYLOR COUNTY, FL 02-15-2001 90106 013 ****61.25 Principal Place of Business Mailing Address % GREGORY S. PARKER % GREGORY S. PARKER NAAL/2999 202 E JULIA DR P O BOX 1474 PERRY FL 32347 PERRY FL 32347 2. Principal Place of Business 3. Mailing Address P. O. Box 1474 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2973927 Perry, Florida Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32348 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARKER, GREGORY S. 411 N WASHINGTON ST **PERRY FL 32347** Zip Code City 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) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE DP Delete GREEME, EARLE NAME NAME Jerome McLin STREET ADDRESS 178 LANDRY ROAD STREET ADDRESS 707 W. Bay Street CITY-ST-ZIP CITY-ST-ZIP PERRY FL 32347 Perry, Florida 32347 Change ☐ Addition TITLE **X** Delete TITLE GUNTER, DARYLL NAME NAME Dan Simmons STREET ADDRESS STREET ADDRESS RT_3 BOX_187 Rt. 3 Box-260 CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32347** PErry, FL-32348 **Æ** Delete XXnange ☐ Addition TITLE DEMING, MIKE NAME Scott Bridgeman STREET ADDRESS STREET ADDRESS 615 N JEFFERSON 610 Plantation Road Perry, FL 32348 CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32047** xxx Change Addition TITLE Delete TITLE FLOWERSM. JEANETTE NAME NAME Richard Hires STREET ADDRESS STREET ADDRESS 108 S BLAIR P.O. Box 1727 Perry, FL 32348 CITY-ST-ZIP CITY-ST-ZIP PERRY FL Addition XX Change TITLE Delete TITLE Past P DAY, EVELYN Daryll Gunter NAME NAME STREET ADDRESS Rt. 3 Box 187 STREET ADDRESS 1809 S. BYRON BUTLER PKWY CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32347** Perry, FL 32348 DVP Delete ☐ Addition ☐ Change TITLE TITLE BURNS, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 582 E. ASH ST. CITY-ST-7IP CITY-ST-ZIP **PERRY FL 32347**

SIGNATURE:

DIVID

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 effect 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.

Date

Daytime Phone #