

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44028

1. Entity Name

BYRNEVILLE COMMUNITY CENTER, INC.

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90077 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1725 HWY 4-A  
CENTURY FL 32535  
US

2760 HWY 4-A  
CENTURY FL 32535-3331  
US

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

59-3074108

Applied For

Not Applicable

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

BOLEN, RAE  
2760 HWY 4-A  
CENTURY FL 32535

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME PORZ, BETTY  
STREET ADDRESS 2320 HWY 168  
CITY-ST-ZIP CENTURY FL ☐ Delete

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

TITLE DT  
NAME BOLEN, RAE  
STREET ADDRESS 2760 HWY 4A  
CITY-ST-ZIP CENTURY FL ☐ Delete

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

TITLE D  
NAME RICE, MARYANN  
STREET ADDRESS 1660 MORGAN RD  
CITY-ST-ZIP CENTURY FL ☐ Delete

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

TITLE DS  
NAME BOLEN, RUTH  
STREET ADDRESS 2760 HWY 4-A  
CITY-ST-ZIP CENTURY FL 32535 ☐ Delete

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

TITLE DV  
NAME BURKETT, ANN  
STREET ADDRESS 2351 W HWY 4-A  
CITY-ST-ZIP CENTURY FL ☐ Delete

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

TITLE D  
NAME UPTON, SELMA  
STREET ADDRESS 2190 HWY 4-A  
CITY-ST-ZIP CENTURY FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #