

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001924

1. Entity Name

BRANDON CRISIS PREGNANCY CENTER, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90119 005 ****61.25

Principal Place of Business

Mailing Address

122 NORTH MOON AVENUE
 BRANDON FL 33510

122 NORTH MOON AVENUE
 BRANDON FL 33510-4420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3229320

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEAVYHOUSE, RUSSELL K
 10002 PRINCESS PALM AVENUE
 SUITE 228
 TAMPA FL 33619

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 | C | <input checked="" type="checkbox"/> Delete |
| NAME | PETER, JOHN | |
| STREET ADDRESS | 2604 G TAMPA EAST BLVD | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CAMERON, DAVID | |
| STREET ADDRESS | 4611 RIDGECLIFF DR | |
| CITY-ST-ZIP | BRANDON FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROOKS, KAREN | |
| STREET ADDRESS | 608 KING LOUIS | |
| CITY-ST-ZIP | SEFFNER FL 33584 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HUBBARD, CHARLENE | |
| STREET ADDRESS | 530 SPORTSMAN PARK DR | |
| CITY-ST-ZIP | SEFFNER FL 33584 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRAY, COOKIE | |
| STREET ADDRESS | 3101 CREEKDALE CT | |
| CITY-ST-ZIP | BRANDON FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WAGNER, TERESA | |
| STREET ADDRESS | 2003 JERRILYNN CT | |
| CITY-ST-ZIP | PLANT CITY FL | |

| | | |
|----------------|-------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | David Bishop | |
| STREET ADDRESS | 1425 Clarion Dr. | |
| CITY-ST-ZIP | Valrico, FL 33594 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kathy Bishop | |
| STREET ADDRESS | 1425 Clarion Dr. | |
| CITY-ST-ZIP | Valrico, FL 33594 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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)(f), 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: *TERESA C. WAGNER* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 28 Feb 00 DATE
 813-654-0491 DAYTIME PHONE #

CR2E037 (9/99)