

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-30-2001 90072 036 ****61.25

DOCUMENT # N93000001924

1. Entity Name

BRANDON CRISIS PREGNANCY CENTER, INC.

Principal Place of Business

Mailing Address

122 NORTH MOON AVENUE
BRANDON FL 33510

122 NORTH MOON AVENUE
BRANDON FL 33510

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

59-3229320

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

PEAVYHOUSE, RUSSELL K
10002 PRINCESS PALM AVENUE
SUITE 22B
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 _____ Delete
 NAME **VP CAMERON, DAVID**
 STREET ADDRESS **4611 RIDGECLIFF DR**
 CITY-ST-ZIP **BRANDON FL**

TITLE _____ Change Addition
 NAME **Susan Springer**
 STREET ADDRESS **511 Timber Pond Dr**
 CITY-ST-ZIP **Brandon FL 33510**

TITLE **D** Delete
 NAME **BROOKS, KAREN**
 STREET ADDRESS **608 KING LOUIS**
 CITY-ST-ZIP **SEFFNER FL 33584**

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

TITLE **D** Delete
 NAME **HUBBARD, CHARLENE**
 STREET ADDRESS **530 SPORTSMAN PARK DR**
 CITY-ST-ZIP **SEFFNER FL 33584**

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

TITLE **D** Delete
 NAME **GRAY, COOKIE**
 STREET ADDRESS **3101 CREEKDALE CT**
 CITY-ST-ZIP **BRANDON FL**

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

TITLE **T** Delete
 NAME **WAGNER, TERESA**
 STREET ADDRESS **2003 JERRILYNN CT**
 CITY-ST-ZIP **PLANT CITY FL**

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

TITLE **B P** Delete
 NAME **Bishop, David**
 STREET ADDRESS **1425 Marion St**
 CITY-ST-ZIP **Valrico FL 33594**

TITLE _____ Change 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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01

654-0491

Date

Daytime Phone #

CR2E037 (10/00)