

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90204 036 \*\*\*\*61.25

DOCUMENT # N950000010020

1. Entity Name  
 Springfield Community Support Club  
 OF THE STATE OF FLORIDA, INC.

Principal Place of Business Mailing Address  
 3542 E. 3rd St. Same  
 Panama City, FL 32401

2. Principal Place of Business 3. Mailing Address  
 3542 E. 3rd St. Same  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State  
 Panama City, FL  
 Zip Country  
 32401 USA

City & State  
 Zip Country

4. FEI Number 59-3347183  
 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

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Leon Jones	
STREET ADDRESS	3542 E. 3rd St.	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Rosa Long	
STREET ADDRESS	137 Detroit Ave.	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	MARY JONES	
STREET ADDRESS	6009 Ivy Rd	
CITY-ST-ZIP	Callaway, FL 32404	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	David Bryan	
STREET ADDRESS	149 Detroit Avenue	
CITY-ST-ZIP	Springfield, FL 32401	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	James Johnson	
STREET ADDRESS	116 Harlem Avenue	
CITY-ST-ZIP	Springfield, FL 32401	
TITLE	Tamheedah Bryan-Trustee	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	149 Detroit Avenue	
CITY-ST-ZIP	Springfield, FL 32401	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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)(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: Leon Jones

4-26-2000

CR2E037 (9/99)