

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90259 042 ****61.25

DOCUMENT # N95000001020

1. Entity Name

**SPRINGFIELD COMMUNITY SUPPORT CLUB OF THE STATE
 OF FLORIDA, INC.**

Principal Place of Business

3542 E 3RD ST.
 PANAMA CITY FL 32401

Mailing Address

3542 E 3RD ST.
 PANAMA CITY FL 32401

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

59-3347183

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

**JONES, LEON
 3542 E 3RD ST.
 PANAMA CITY FL 32401**

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	V	<input type="checkbox"/> Delete
NAME	LONG, ROSA	
STREET ADDRESS	137 DETROIT AVE.	
CITY-ST-ZIP	SPRINGFIELD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRYAN, DAVID	
STREET ADDRESS	149 DETROIT AVE.	
CITY-ST-ZIP	SPRINGFIELD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, TAYHEDAH	
STREET ADDRESS	149 DETROIT AVE.	
CITY-ST-ZIP	SPRINGFIELD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, SAMUEL	
STREET ADDRESS	154 CLAIRE AVE.	
CITY-ST-ZIP	SPRINGFIELD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, MARY	
STREET ADDRESS	6009 IVY RD.	
CITY-ST-ZIP	CALLAWAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONE, GRANT	
STREET ADDRESS	124 WABASH AVE.	
CITY-ST-ZIP	SPRINGFIELD FL	

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
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CITY-ST-ZIP	
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-27-2002 80-769-8594

CR2E037 (9/01)