

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002794

1. Entity Name

THE TAYLOR COMMUNITY BIG BROTHERS, INC.

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90012 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

400 WEST FOLSOM STREET  
 PERRY FL 32347

P O BOX 875  
 PERRY FL 32348-0875  
 US

2. Principal Place of Business

107 ARMSTRONG ST.  
 Suite, Apt. #, etc.

3. Mailing Address

107 ARMSTRONG ST.  
 Suite, Apt. #, etc.

City & State

PERRY, FLA.

Zip

32347

Country

TAYLOR

City & State

PERRY, FLA.

Zip

32347

Country

TAYLOR

6. Name and Address of Current Registered Agent

REAVES, CHARLES  
 107 ARMSTRONG STREET  
 PERRY FL 32347

4. FEI Number

59-3327399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DUNWOODY, WAYNE A	RT 5 BOX 485-A	PERRY FL 32347	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	CLARK, RAY	711 W BAY ST.	PERRY FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	FLOWERS, GREGORY	1201 E. MAIN ST	PERRY FL 32347	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	WILLIAMS, RODERICK	1019 W MALLOY ST	PERRY FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	REAVES, CLETIS	214 BUFFALO AVE	PERRY FL 32347	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	REAVES, CHARLES PD	107 ARMSTRONG ST	PERRY FLA 32347	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

CHARLES A. REAVES 5-9-00 850-878-2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)