

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90213 008 ****61.25

DOCUMENT # N95000002952

1. Entity Name

BRANFORD'S RIVER REUNION COMMITTEE, INC.

Principal Place of Business

27846 79TH RD
 BRANFORD FL 32008
 US

Mailing Address

P O BOX 459
 BRANFORD FL 32008
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2922160

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JOHN L
112 SUWANNEE AVENUE
BRANFORD FL 32008

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 **PD** Delete
 NAME **COPELAND, PATRICIA**
 STREET ADDRESS **P O BOX 459**
 CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **VD** Delete
 NAME **HUDSON, SHARON**
 STREET ADDRESS **7916 216 ST**
 CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE **D** Delete
 NAME **AUPPERLE, SANDRA**
 STREET ADDRESS **PO BOX 100**
 CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **VD** Delete
 NAME **Clark, Shirley**
 STREET ADDRESS **PO Box 579**
 CITY-ST-ZIP **Branford, FL 32008**

TITLE **D - Secretary** Delete
 NAME **Campbell, Shawn**
 STREET ADDRESS **PO Box 964**
 CITY-ST-ZIP **Branford, FL 32008**

TITLE **D** Delete
 NAME **Corbin, Pam**
 STREET ADDRESS **24026 CR 247**
 CITY-ST-ZIP **O'Brien, FL 32071**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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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: _____

Patricia Copeland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-01 904-935-4136
 Date Daytime Phone #

CR2E037 (10/00)