

AMENDED 2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 31 PM 4:00

DOCUMENT # **N9500000 2952**
1. Entity Name
BRANFORD RIVER REUNION
P.O. Box 547 - 135 N.E. HILLCREST CIRCL
BRANFORD, FLA. 32008

Principal Place of Business Mailing Address
c/o HILDRED (DEAN) GAYLORD

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address
SAME

City & State City & State
Zip Country Zip Country

4. FEI Number
59-2922160
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JOHN SCOTT
112 SWANNER AVE.
BRANFORD, FLA. 32008

7. Name and Address of New Registered Agent
Name **Kathy Woolard**
Street Address (P.O. Box Number is Not Acceptable)
103 S.W. Express Ct.
City **Branford** FL Zip Code **32008**

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 **Kathy Woolard President** DATE **1-8-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 C NAME STREET ADDRESS CITY-ST-ZIP	PAT COPELAND <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY CLARK <input checked="" type="checkbox"/> Delete P.O. DRAWN D BRANFORD, FLA. 32008
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	SHARON HUDSON <input checked="" type="checkbox"/> Delete BRANFORD, FL. 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	KATHY WOOLARD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 355 - 103 SW. EXPRESS CT. BRANFORD, FLA. 32008
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	HILDRED (DEAN) GAYLORD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 547 - 135 N.E. HILLCREST CIRCLE BRANFORD, FLA. 32008
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY D. CAMPBELL <input type="checkbox"/> Change <input type="checkbox"/> Addition 27019 - 77TH RD. BRANFORD, FLA. 32008
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PAM CORBIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24025 - CR 247 O'BRIEN, FLA. 32071
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: **Hildred Gaylord VP**

11-02-01

CR2E037 (5/01)