

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90083 021 ****61.25

629430



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000004117

1. Entity Name

BRANDON'S FRIENDLY SINGLES, INC.

Principal Place of Business

501 WILBER STREET
 BRANDON FL 33511

Mailing Address

905 S. ORANGE AVE
 BARTOW FL 33830-5728
 US

2. Principal Place of Business

3. Mailing Address

5071 HWY. 60 E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BARTOW, FL 33830

4. FEI Number

65-0626536

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

QUINT, MARY E
601 COTTAGE GROVE CIRCLE
VALRICO FL 33594

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 NAME	TD QUINT, MARY E	<input type="checkbox"/> Delete
STREET ADDRESS	601 COTTAGE GROVE CIRCLE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE NAME	PD GERING, KATHY MS	<input type="checkbox"/> Delete
STREET ADDRESS	905 S ORANGE AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE NAME	VD SULECKI, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS	605 CHIPPENHAM	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE NAME	VD CRAWFORD, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	902 SUMMIT RIDGE DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE NAME	TD WESTON, DOTTIE	<input type="checkbox"/> Delete
STREET ADDRESS	1527 THOMPSON RD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE NAME	SD EDWARDS, JUNE	<input type="checkbox"/> Delete
STREET ADDRESS	3117 BELL SHOALS RD #B	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE NAME	TD - QUINT, MARY E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	601 COTTAGE GROVE CIRCLE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE NAME	PD - WILL RECKART	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5071 HWY. 60 E.	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE NAME	VD - JACK CRAWFORD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	902 SUMMIT RIDGE DR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE NAME	VD - DORATHEE HESTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1527 THOMPSON RD.	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE NAME	TD - ANGELA SMITH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2205 MALIBU DR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE NAME	SD - MIRANDA HANKS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1728 DOVE FIELD RD	
CITY-ST-ZIP	BRANDON, FL 33510	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)