

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003695

1. Entity Name

JUNIOR SERVICE LEAGUE OF CRESTVIEW, FL INCORPORA

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90159 008 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1706
CRESTVIEW FL 32536

P.O. BOX 1706
CRESTVIEW FL 32536-7706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3339272

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

LUKE, STANLEY K
121 COURT HOUSE TERRACE
CRESTVIEW FL 32536

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	PD	<input type="checkbox"/> Delete
NAME	TERRELL, BRANDI	
STREET ADDRESS	134 TWIN OAK DR	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOSEY, DELISA	
STREET ADDRESS	2909 AIRPORT RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KELSCH, PATTY	
STREET ADDRESS	375 RIDGELAKE RD	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, RHONDA	
STREET ADDRESS	2443 VICTORIA PLACE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelsch, Patty	
STREET ADDRESS	375 Ridgelake Rd.	
CITY-ST-ZIP	Crestview, FL 32536	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boyd, Susan	
STREET ADDRESS	134 Twin Oak Dr	
CITY-ST-ZIP	126 Twin Oak Dr. Crestview, FL 32536	
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		

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: Brandi Terrell Brandi Terrell / 1/19/00 (850) 689-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)