2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90178 045 ****61.25

DOCUMENT # N97000007228

1. Entity Name

FLORIDA ALLIANCE OF BOYS & GIRLS CLUBS, INC.

Principal Place of Business	Mailing Address
~~1415 9TH ST~~ BRADENTON FL 34205 US	PO BOX 280 BRADENTON FL 34206-0280 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5211 Manatee Ave W.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State
Zip: 34209 Country: USA	Zip Country

4. FEI Number 65-0839955 ☐ Applied For ☐ Not Applicable

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
~~CONDREN~~, THOMAS E 1415 9TH ST W BRADENTON FL 34205 CONDRON (Spelling Change) Type-O only	Name: Thomas E Condron Street Address (P.O. Box Number is Not Acceptable): 5211 Manatee Ave W City: Bradenton FL Zip Code: 34209

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: Thomas E. Condron Exec Sec, Treo for Alliance 2-4-00

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 / STREET ADDRESS / CITY-ST-ZIP	PD KNOWLES, MR. TIMOTHY A 1205 MANATEE AVE W BRADENTON FL 34205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERMUY, GLENN 2742 HARPER WOODS DR MARIETTA GA 30062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD O'CONNOR, MARY T 9828 CROSS PINE COURT LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPILLETT, ROXANNE 1280 PEACHTREE ST NW #813 ATLANTA GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEHTA, ANAND 8240 HIGH HAMPTON CHASE ALPHARETTA GA 30022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMINICK, KIRK 2451 WEATHERSTONE CIR CONYERS GA 30094	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Thomas E. Condron Exec. Secretary & Treas. 2-4-00 941 761-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #