## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRIVIDED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # N99000002275 Jun 02, 2000 8:00 am Secretary of State 1. Entity Name BOWLING GREEN COMMUNITY OF CONCERNED CITIZENS, I 06-02-2000 90003 008 \*\*\*\*70.00 Principal Place of Business Mailing Address **B G CONVENIENCE STORE B G CONVENIENCE STORE** P O BOX 73 P O BOX 73 **BOWLING GREEN FL 33834** BOWLING GREEN FL 33834-0073 2. Principal Place of Business 3. Mailing Address 4831 N. DIXIANA Drive P.O. Box 73 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. uito #3 City & State 4. FEI Number Applied For 5667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JONES, THERON C 714 PALMETTO STREET **BOWLING GREEN FL 33834** Zip Code City FI 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Change TITLE TITLE HARLES NAME NAME DIXON AVE. 4915 Mason STREET ADDRESS STREET ADDRESS sowling Green-PL33834 CITY-ST-ZIP CITY-ST-ZIP -- ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Breen, A CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #

Date