## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900002275  1. Entity Name					Secretary of State			
BOWLI	ng Green Community (	   Concerned Citizen 	IS, I		02-13-2001 90604 0			
Principal Place of Business Maili		! Mailing Address	<u> </u>					
B G CONVENIENCE STORE P O BOX 73 BOWLING GREEN FL 33834		B G CONVENIENCE STORE P O BOX 73 BOWLING GREEN FL 33834		LIGNAL	s dag jenje leni dajn ebis boss dags	II ROJAN JA <b>RIS</b> 14811 I	<b>188</b> 6 <b>1</b> 1110 1 <b>48</b> 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		65-0566770	<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	itional	
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and	Address of New Registere	d Agent		
JONES, THERON C			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
714 PALMETTO STREET BOWLING GREEN FL 33834							ì	
DOWL	' CINCEITTE GOODT		City		F	Zip Code	9	
SIGNATURE	Signature, typed or printed name of registered and signature.  FILE NOW: FEE IS \$61.25	gent and little if applicable (NOTE:  9. Election Campaign I  Trust Fund Contribu	· _ ••	ired when reinstating)  5.00 May Be ded to Fees	Make Checl Departme	c Payable to		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, THERON 714 PALME 7TH ST. BOWLING GREEN FL 33834	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FULSE, CHARLES 4915 MASON DIXIE AVE. -BOWLING: GREEN FL 33834	☐ Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP			☐ Change	Addition	
TITLE NAME		<del></del>					Addition	
STREET ADDRESS CITY-ST-ZIP	TD   FULSE, JEWEL   5039 MYRICK AVE.   BOWLING GREEN FL 33834	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
STREET ADDRESS	FULSE, JEWEL 5039 MYRICK AVE. BOWLING GREEN FL 33834 CORRESPONDING SO	:  MAY Delete	NAME STREET ADDRESS		<u>.</u>	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FULSE, JEWEL 5039 MYRICK AVE. BOWLING GREEN FL 33834		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					

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 JOHN TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Day Type Phone #