

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 06, 2000 8:00 am
Secretary of State

08-21-2000 90208 037 ****61.25

DOCUMENT # N99000006843

1. Entity Name

BRANDON LEAGUERETTES, INC.

Principal Place of Business

Mailing Address

C/O MARILYN DENNEY
 214 CRANBERRY LN.
 BRANDON FL 33510

C/O MARILYN DENNEY
 214 CRANBERRY LN.
 BRANDON FL 33510

2. Principal Place of Business

clo Teri Holley

14609 Walden Sheffield Rd

Dover FL

33527 Hillsborough

3. Mailing Address

clo Teri Holley

14609 Walden Sheffield Rd

Dover FL

33527 Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0990227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPECTOR, NEIL C
 C/O KASS, SHULER, SOLOMON, SPECTOR, FOYLE
 1505 N. FLORIDA AVE.
 TAMPA FL 33802

7. Name and Address of New Registered Agent

Name *Teri Holley*
 Street Address (P.O. Box Number is Not Acceptable) *14609 Walden Sheffield Rd.*
 City *Dover* FL Zip Code *33527*

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]*
 Signature, typed or printed name of registered agent and title if applicable

DATE *4/1/00*

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Teri Holley Marilyn Denney 14609 Walden Sheffield Rd 214 Cranberry Ln., Brandon, FL 33510</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Teri Holley D 14609 Walden Sheffield Rd. Dover, FL 33527</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Pam Tankersley D 2010 Lee Dr. Valrico, FL 33594</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Jane Lovell D 1120 Belladonna Dr. Brandon, FL 33510</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Joanne Honcharik D 3101 King Phillip Way Seffner, FL 33584</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/1/00*
 DAYTIME PHONE # *664-8097*

CR2E037 (9/99)