

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90306 009 ****61.25

DOCUMENT # N99000006843

1. Entity Name

BRANDON LEAGUERETTES, INC.

Principal Place of Business

Mailing Address

C/O TERI HOLLEY
 14609 WALDEN SHEFFIELD RD
 DOVER FL 33527

C/O TERI HOLLEY
 14609 WALDEN SHEFFIELD RD
 DOVER FL 33527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0990227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLEY, TERI
14609 WALDEN SHEFFIELD RD
DOVER FL 33527

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD HOLLEY, TERI	14609 WALDEN SHEFFIELD RD	DOVER FL 33527				
	VPD TANKERSLEY, PAM	2010 LEE DR	VALRICO FL 33594				
	SD LOVELL, JANE	1120 BELLADONNA DR	BRANDON FL 33510				
	TD HONCHARIK, JOANNE	3101 KING PHILLIP WAY	SEFFNER FL 33584				

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:

TERI L. HOLLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teri L. Holley 2/19/01 (813)659-0730
 Date Daytime Phone #

CR2E037 (10/00)