

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90016 038 \*\*\*\*61.25

**DOCUMENT # 701021**

1. Entity Name

**THE 100 CLUB OF GIBSONTON INC**

Principal Place of Business

Mailing Address

CORNER MARRILLA & INDIANA ST  
 PO BOX 344  
 GIBSONTON FL 33534

CORNER MARRILLA & INDIANA ST  
 PO BOX 344  
 GIBSONTON FL 33534-0344

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

**NOT APPLICABLE**

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

~~BETTE ARNOLD~~  
 7713 RIVERVIEW DR.  
 RIVERVIEW FL 33369

Beverly Kinch  
 EAST WOOD MH P  
 12130 HWY 41  
 GIBSONTON FL 33534

Name Beverly A Kinch

Street Address (P.O. Box Number is Not Acceptable)

12130 HWY 41 S  
EASTWOOD MH PARK

City GIBSONTON

FL | Zip Code 33534

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

Beverly Kinch

Beverly A Kinch

1-17-00

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  Delete  
 NAME **PAULINE, GETGOOD**  
 STREET ADDRESS **8008 NUNDY AVE.**  
 CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STVD GLORIA, FORNIER**  
 STREET ADDRESS **EASTWOOD ESTATES MOBILE HOME PARK**  
 CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SECD BETTY, KELLY**  
 STREET ADDRESS **2761 OAKHILL VILLAGE CIRCLE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE  Change  Addition  
 NAME **Sec Bea Grace**  
 STREET ADDRESS **6911 Riverview Dr**  
 CITY-ST-ZIP **Riverview, FLA 33569**

TITLE  Delete  
 NAME **DIR MARION, REED**  
 STREET ADDRESS **6007 ALICE AVE.**  
 CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE  Change  Addition  
 NAME **Dir Betty Flashbart**  
 STREET ADDRESS **PO BOX 344**  
 CITY-ST-ZIP **GIBSONTON, FLA 33534**

TITLE  Delete  
 NAME **DIR BEVERLY, KINCH**  
 STREET ADDRESS **EASTWOOD EASTETAES MOBILE HOME PSRK**  
 CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE  Change  Addition  
 NAME **Betty Arnold**  
 STREET ADDRESS **7713 Riverview Dr**  
 CITY-ST-ZIP **Riverview, FLA 33569**

TITLE  Delete  
 NAME **T BARBARA, MOODY**  
 STREET ADDRESS **7320 NUNDY AVE.**  
 CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE  Change  Addition  
 NAME **Tres Betty Turner**  
 STREET ADDRESS **PO Box 1027**  
 CITY-ST-ZIP **GIBSONTON, FLA 33534**

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:

Betty Arnold  
 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Beverly A Kinch  
Beverly A Kinch  
 Date 1-17-00  
 Daytime Phone # 813-677-95

Date

Daytime Phone #