

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90074 005 \*\*\*\*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**

2. Principal Place of Business      3. Mailing Address

*Corner Marrilla & Indiana*      *PO Box 344*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Gibsonton*      *FL*

Zip      Country      Zip      Country

*33534*      *Hillsborough*      *33534*      *Hillsborough*



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KINCH, BEVERLY A  
12130 HWY 41  
EASTWOOD MH PARK  
GIBSONTON FL 33534**

7. Name and Address of New Registered Agent

Name *Marilyn Reed*

Street Address (P.O. Box Number is Not Acceptable)  
*12500 McMillen Loop*

*PO Box 27*

City *Riverview*      **FL**      Zip Code *33569*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn Reed*      *Marilyn F Reed*      *1-23-03*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, JIM</b> <b>7521 GIBSONTON DR</b> <b>GIBSONTON FL 33534</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRACE, BEA</b> <b>691 RIVERVIEW DR</b> <b>RIVERVIEW FL 33569</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLASHBART, BETTY</b> <b>PO BOX 344</b> <b>GIBSONTON FL 33534</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TANNER, BETTY A</b> <b>PO BOX 1027</b> <b>GIBSONTON FL 33534</b>	<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		<input type="checkbox"/> Change <input 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
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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: *Betty A Tanner*      *Betty A Tanner*      *1-24-03*      *677-1612*

CR2E037 (10/02)