

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

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90001 046 \*\*\*\*70.00

DOCUMENT # 736744

1. Entity Name  
*Buddy Tucker Association, INC*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*316 E. TAYLOR, Rd*  
Suite, Apt. #, etc.

3. Mailing Address  
*316 E. TAYLOR, Rd.*  
Suite, Apt. #, etc.

**50060005**

DO NOT WRITE IN THIS SPACE

City & State  
*Deland, FL*  
Zip  
*32724*  
Country  
*USA*

City & State  
*Deland FL*  
Zip  
*32724*  
Country  
*USA*

4. FEI Number  
*59-1773603*

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*D. Levaughn Tucker*  
Street Address (P.O. Box Number is Not Acceptable)

*1645 BENT OAKS, BLVD*  
City  
*Deland* FL Zip Code  
*32724*

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

*D. Levaughn Tucker VP/ST*  
(NOTE: Registered Agent signature required when reinstating)

*5-1-05*  
DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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	<i>P/D Theodore D. Tucker 1645 BENT OAKS, BLVD. Deland, FL 32724</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VTD D. Levaughn Tucker 1645 BENT OAKS, BLVD. Deland, FL 32724</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2 VP/D Donnie M. Tucker 1645 BENT OAKS, BLVD. Deland, FL 32724</i>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*D. Levaughn Tucker VP/ST*  
*5-1-05*

*(386)*  
*7347310*

CR2E037B (12/02)

# ATTACHMENT

50060005  
# 736744

I do not understand the  
filing fees. If the enclosed  
is not correct please advise.  
I mailed all three corporations  
<sup>filing</sup> previously. I do not know  
why I never heard from  
you.

Thank you.

Mark D. Tucker

Tucker

V.P.

Buddy Tucker Assn. Inc.