

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754547

1. Entity Name

PRIDE IN ACTION, INC.

Principal Place of Business

109 E. HOWARD STREET  
P.O. BOX 818  
LIVE OAK FL 32060

Mailing Address

109 E. HOWARD STREET  
P.O. BOX 818  
LIVE OAK FL 32064-0818

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

59-2037306

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIBFRIED, KEITH C  
804 S OHIO AVE  
LIVE OAK FL 32060

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 PD  
NAME HARVARD, LEE  
STREET ADDRESS 109 E. HOWARD  
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME CRAPPS, DANIEL  
STREET ADDRESS 120 E. HOWARD  
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME CALVITT, DICK  
STREET ADDRESS RIXFORD ROAD  
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME LEIBFRIED, KEITH  
STREET ADDRESS 326 WESTMORELAND  
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HARRELL, MIKE  
STREET ADDRESS 111 E. HOWARD  
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CRAPPS, JAMES  
STREET ADDRESS 11TH STREET  
CITY-ST-ZIP LIVE OAK FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

*Signature of Keith C. Leibfried*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 904-362-3433

Date

Daytime Phone #

CR2E037 (9/99)