

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754547

1. Entity Name

PRIDE IN ACTION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90088 039 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2037306

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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)(j), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02

Date

(386) 362-3433

Daytime Phone #

CR2E037 (9/01)