

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005154

1. Entity Name

THE BRIGHT STAR FOUNDATION, INC.

**FILED**  
Sep 12, 2001 8:00 am  
Secretary of State

09-12-2001 90033 001 \*\*\*\*70.00

Principal Place of Business

13114 HAZELCREST STREET  
SPRING HILL FL 34609

Mailing Address

13114 HAZELCREST STREET  
SPRING HILL FL 34609

2. Principal Place of Business

22299 Cortez Blvd

3. Mailing Address

22299 Cortez Blvd

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34601

Country

US

Zip

34601

Country

US

4. FEI Number

59-3662572

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADLER, ANDREW L ESQ  
GIBBONS COHN NEUMAN BELLO SEGALL & ALLEN  
3321 HENDERSON BLVD  
TAMPA, FL 33609

7. Name and Address of New Registered Agent

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  
After September 12, 2001, min. will be \$236.25

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

TITLE D ☐ Delete  
NAME SHAWKEY, GARY ALLEN  
STREET ADDRESS 13114 HAZELCREST STREET  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE D ☐ Delete  
NAME SHAWKEY, STEPHANIE RAE  
STREET ADDRESS 13114 HAZELCREST STREET  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE D ☐ Delete  
NAME FIELDS, REIGHARD LEE  
STREET ADDRESS 415 SOUTH 2ND AVENUE  
CITY-ST-ZIP WASHINGTON IA 52363

TITLE D ☐ Delete  
NAME PROSSER, DEBRA JEANNE  
STREET ADDRESS 2732 OJIBWAY ROAD  
CITY-ST-ZIP KAMLOOPS, B.C. CANADA V2H -1P1

TITLE D ☐ Delete  
NAME PROSSER, NORMAN RONALD  
STREET ADDRESS 2732 OJIBWAY ROAD  
CITY-ST-ZIP KAMLOOPS, B.C. CANADA V2H -1P1

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D P ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D V T ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE D M ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an attached like empowered.

SIGNATURE:

SIGNATURE REGISTRY: Gary Shawkey

8/30/01

352-684-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (5/01)