

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90892 016 ****61.25

DOCUMENT # NO1000004738

1. Entity Name

HASSIE MERRILL LEVAIN FOUNDATION, INC.

Principal Place of Business

Mailing Address

622 NORTH 6TH ST.
PALATKA FL 32177622 NORTH 6TH ST.
PALATKA FL 32177

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

59-3729169

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

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVAIN, ALVIN A	
STREET ADDRESS	622 NORTH 6TH ST.	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LOWE, LASHAWN S	
STREET ADDRESS	622 NORTH 6TH ST.	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, ROSETTA C	
STREET ADDRESS	3000 ELM ST.	
CITY-ST-ZIP	WELAKA FL 32192	

TITLE	MD	<input type="checkbox"/> Delete
NAME	THOMAS, QURTUS	
STREET ADDRESS	3000 ELM ST.	
CITY-ST-ZIP	WELAKA FL 32192	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvin Levain

Date

Daytime Phone

3-26-2002

CR2E037 (9/01)