

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007906

1. Entity Name

INGLIS-YANKEETOWN TEEN ACTIVITIES CORP.

Principal Place of Business

#13 LORI ST.
INGLIS FL 34449

Mailing Address

#13 LORI ST.
INGLIS FL 34449

2. Principal Place of Business

#13 Lori St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1336

Suite, Apt. #, etc.

City & State

Inglis, FL

City & State

Inglis, FL

Zip

34449

Country

Levy

Zip

34449

Country

Levy

4. FEI Number

65-1155635

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, FLOYD
#13 LORI ST.
INGLIS FL 34449

7. Name and Address of New Registered Agent

Name T.J. Davis

Street Address (P.O. Box Number is Not Acceptable)

30 Palm Circle Dr

City Inglis

FL Zip Code 34449

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02
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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	CRAIG, FLOYD	
STREET ADDRESS	#13 LORI ST.	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	CRAIG, FLOYD	<input type="checkbox"/> Delete
NAME	#13 LORI ST.	
STREET ADDRESS	INGLIS FL 34449	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura C. Watson	
STREET ADDRESS	300 S. Inglis Ave.	
CITY-ST-ZIP	Inglis, FL 34449	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T.J. Davis	
STREET ADDRESS	30 Palm Circle Dr.	
CITY-ST-ZIP	Inglis, FL 34449	
TITLE	Commission Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Walker	
STREET ADDRESS	175 Mastadon Dr.	
CITY-ST-ZIP	Inglis, FL 34449	
TITLE	Steve Baughn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	30 Palm Circle Dr	
STREET ADDRESS	Inglis, FL 34449	
CITY-ST-ZIP		
TITLE	Kim Bible	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 21	
STREET ADDRESS	Inglis, FL 34449	
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:

Laura C. Watson / Laura C. Watson 5/02/02 (352) 447-4854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-03-2002 91187 049 ****61.25

FILED NO1000007906
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 21 AM 8:01



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)