

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000005421

1. Entity Name

LEVY COUNTY ALL-STARS, INC.



FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90116 044 ****61.25

Principal Place of Business

Mailing Address

95 E MAIN ST
BRONSON FL 32621

95 E MAIN ST
BRONSON FL 32621

2. Principal Place of Business

131 E. Noble Ave.

3. Mailing Address

131 E. Noble Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Williston, Fla.

City & State

Williston, Fla.

Zip

32696

Country

Levy

Zip

32696

Country

Levy

4. FEI Number

50-0004436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BECKHAM, GIGI
95 E MAIN ST
BRONSON FL 32621

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PORTER, DARREN E
STREET ADDRESS 571 NE 151 TERR
CITY-ST-ZIP WILLISTON FL 32696 ☒ Delete

TITLE VD
NAME TUCKER, CELIA L
STREET ADDRESS 1091 NE 155 CT
CITY-ST-ZIP WILLISTON FL 32696 ☒ Delete

TITLE TD
NAME BROWN, JUDI
STREET ADDRESS 11491 NE 73RD LN
CITY-ST-ZIP BRONSON FL 32621 ☒ Delete

TITLE SD
NAME VANHERSH, DEBRA
STREET ADDRESS 4000 SW 47TH ST APT E 20
CITY-ST-ZIP GAINESVILLE FL 32609 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Sheila Lewis
STREET ADDRESS 16850 NE 50th Street
CITY-ST-ZIP Williston, FL 32696 ☐ Change ☐ Addition

TITLE VD
NAME Laurie Kraft
STREET ADDRESS 19030 NE 50th Street
CITY-ST-ZIP Williston, FL 32696 ☐ Change ☐ Addition

TITLE TD
NAME Celia Tucker
STREET ADDRESS 1091 NE 155 Court
CITY-ST-ZIP Williston, FL 32696 ☐ Change ☐ Addition

TITLE SD
NAME Shari Harley
STREET ADDRESS 1350 SE 185 Ave
CITY-ST-ZIP Williston, FL 32696 ☐ Change ☐ Addition

TITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03 (352) 528-9158

Date

Daytime Phone #

CR2E037 (4/03)