2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90094 039 ****61.25

DOCUMENT # N38637

1. Entity Name

SUWANNEE VALLEY PLAYERS, INCORPORATED

Principal Place of Business	Mailing Address
~~POST OFFICE BOX 550~~ ~~CHIEFLND FL 32644~~ US	POST OFFICE BOX 550 CHIEFLAND FL 32644-0550 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25 East Park Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chiefland, FL	City & State
Zip: 32626 Country: Levy	Zip Country

4. FEI Number: 59-2667051 ☐ 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
HAGAN, LINDA A 5920 S.W. CONUNTY RD 313 TRENTON FL 32693	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: Linda A. Hagan, Pres., LINDA A. HAGAN 2/29/00.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DREYFUSS, SCOTT 610 TOLEDO AVE ARCHER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Terry Beauchamp 4158 NW 16 Drive Gainesville, FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRAZIER, JOHN 3539 SW 47 CT BELL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUBERT, LOUISE 3491 NW 60 AVENUE CHIEFLND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAWSON, PENNY 11150 NW 129 PLACE CHIEFLND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAGAN, LINDA A 5920 S.W. CR 313 TRENTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, GRAHAM 1324 NW 16 AVE 11 GAINEVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Phil Buchanan HC-2, #155 Old Town, FL 32680	☐ Change ☒ Addition

CR2E037 (9/99)

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: Linda A. Hagan LINDA A. HAGAN, Pres 2/29/00 352-377-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #