

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39089

1. Entity Name

LEVY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

612 E HATHAWAY
BRONSON FL 32621
US

P.O. BOX 1112
BRONSON FL 32621-1112
US

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

59-3028872

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

CARDONA, LANNIE D
612 E. HATHAWAY AVENUE
BRONSON FL 32621

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 Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MCJORDAN, W
STREET ADDRESS 333 EASY ST
CITY-ST-ZIP CEDAR KEY FL 32625

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

TITLE DC ☐ Delete
NAME HENDERSON, SKIPPER
STREET ADDRESS 50 PICNIC ST
CITY-ST-ZIP BRONSON FL 32621

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

TITLE ST ☐ Delete
NAME OWEN, BAYNARD
STREET ADDRESS 1825 N YOUNG BLVD
CITY-ST-ZIP CHIEFLND FL 32626

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

TITLE D ☐ Delete
NAME WILLIAMS, N
STREET ADDRESS 707NW 9TH AVE
CITY-ST-ZIP WILLISTON FL 32696

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

TITLE ED ☐ Delete
NAME CARDONA, LANNIE D
STREET ADDRESS 11590 SW 154TH AVE
CITY-ST-ZIP CEDAR KEY FL 32625

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

TITLE D ☐ Delete
NAME HUCH, L
STREET ADDRESS 19551 SE 111TH CT
CITY-ST-ZIP INGLIS FL 34449

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

Date

Daytime Phone #

4/18/00 (352) 486-5470

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90198 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)