

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39089

1. Entity Name

LEVY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

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

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

Principal Place of Business

Mailing Address

612 E HATHAWAY
 BRONSON FL 32621
 US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3028872

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	MCJORDAN, W	
STREET ADDRESS	333 EASY ST	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HENDERSON, SKIPPER	
STREET ADDRESS	50 PICNIC ST	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OWEN, BAYNARD	
STREET ADDRESS	1825 N YOUNG BLVD	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, N	
STREET ADDRESS	707NW 9TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	ED	<input type="checkbox"/> Delete
NAME	CARDONA, LANNIE D	
STREET ADDRESS	11590 SW 154TH AVE	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUCH, L	
STREET ADDRESS	19551 SE 111TH CT	
CITY-ST-ZIP	INGLIS FL 34449	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 (352) 486-5470
 Date Daytime Phone #

CR2E037 (9/99)