

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N40532**

1. Entity Name

**LEVY COUNTY SHERIFF'S DEPARTMENT MOUNTED POSSE,
INC.**

Principal Place of Business

Mailing Address

**LEVY CO. SHERIFF'S OFFICE
P.O. BOX 1719 CR 337 N CR 32
BRONSON FL 32621****P.O. BOX 1719
BRONSON FL 32621**

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 **59-3036148**

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

**SMITH, JOHNNY
9150 NE. 80TH AVE.
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 \$61.259. 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 **C** ☐ Delete
NAME **SANDLIN, GRANT**
STREET ADDRESS **13961 N.W. 9 ST**
CITY-ST-ZIP **WILLISTON FL 32696**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MORGAN, DENNIS**
STREET ADDRESS **PO BOX 574**
CITY-ST-ZIP **WILLISTON FL 32696**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **WHITEHURST, DANIEL E**
STREET ADDRESS **21290 NE 75TH ST**
CITY-ST-ZIP **WILLISTON FL 32696**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **TODD, VICKI**
STREET ADDRESS **17750 SE 66TH PLACE**
CITY-ST-ZIP **MORRISTON FL 32668**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **WHITEHURST, MAE P**
STREET ADDRESS **21290 NE 75TH ST**
CITY-ST-ZIP **WILLISTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Mae P Whitehurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/02 (352) 528-2568

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)