

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90063 015 ****61.25

DOCUMENT # N41029

1. Entity Name

STARLIGHT PROMENADERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 34
 DEBARY FL 32713

P.O. BOX 34
 DEBARY FL 32713-0034

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

59-2998342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHYLLIS A LUNGREN
730 EASTRIDGE DR
ORANGE CITY FL 32763

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

Phyllis A. Lungren / Phyllis A. LUNGREN

3-17-00

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 Delete
 NAME **P RANDY POOLE**
 STREET ADDRESS **1541 LAKESIDE DR**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
 NAME *Jack Day*
 STREET ADDRESS *917 N. Dean Circle*
 CITY-ST-ZIP *Deltona, Fl. 32738*

TITLE Delete
 NAME **V GALE BOAK**
 STREET ADDRESS **55 MADERA RD**
 CITY-ST-ZIP **DEBARY-FL 32713**

TITLE Change Addition
 NAME *Tom Meyer*
 STREET ADDRESS *830 Eleanor Ave.*
 CITY-ST-ZIP *Deltona, Fl 32725*

TITLE Delete
 NAME **S ORLIER GAY**
 STREET ADDRESS **917 N DEAN CIR**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE Change Addition

TITLE Delete
 NAME **T PHYLLIS A LUNGREN**
 STREET ADDRESS **730 EASTRIDGE DR**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition

TITLE Delete
 NAME **T POOLE, RANDALL**
 STREET ADDRESS **1541 LAKESIDE DR**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition

TITLE Delete
 NAME **D LELAND PEARL**
 STREET ADDRESS **268 SILVERSTONE DR**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition

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:

Phyllis A. Lungren / Phyllis A. LUNGREN

Date

Daytime Phone #

3-17-00

904-775-3717

CR2E037 (9/99)