

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90016 018 ****61.25

DOCUMENT # N41029

1. Entity Name

STARLIGHT PROMENADERS, INC.

Principal Place of Business

P.O. BOX 34
 DEBARY FL 32713

Mailing Address

P.O. BOX 34
 DEBARY FL 32713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2998342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHYLLIS A LUNGREN
730 EASTRIDGE DR
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GAY, JACK	
STREET ADDRESS	917 N DEAN CIRCLE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEYER, TOM	
STREET ADDRESS	830 ELEANOR AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORLIER GAY	
STREET ADDRESS	917 N DEAN CIR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHYLLIS A LUNGREN	
STREET ADDRESS	730 EASTRIDGE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	T	<input type="checkbox"/> Delete
NAME	POOLE, RANDALL	
STREET ADDRESS	1541 LAKESIDE DR	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	LELAND PEARL	
STREET ADDRESS	268 SILVERSTONE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Phyllis A Lungren*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Day

Daytime Phone #

CR2E037 (10/00)