

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90224 023 ****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



☒ CHECK HERE IF MAKING CHANGES

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 **PHYLLIS A. LUNGREN**
Street Address (P.O. Box Number is Not Acceptable)
199 TERRA ALTA DR.
DEBARY
City **FL** Zip Code **32713**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Phyllis A. Lungren

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MEYER, TOM**
STREET ADDRESS **83 D ELEANOR AVENUE**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **VD** ☒ Delete
NAME **LELAND, PEARL**
STREET ADDRESS **288 SILVERSTONE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **SD** ☐ Delete
NAME **LYSOBEY, JEANNE**
STREET ADDRESS **1013 BELVEDERE DRIVE**
CITY-ST-ZIP **DELTONA FL 32725**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Richard Lysobey**
STREET ADDRESS **1013 Belvedere Dr.**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE ☒ Change ☐ Addition
NAME **Jack Bay**
STREET ADDRESS **717 N. Dean Circle**
CITY-ST-ZIP **Deltona, FL 32738**

TITLE ☒ Change ☐ Addition
NAME **George Knopf**
STREET ADDRESS **364 Springlake Dr.**
CITY-ST-ZIP **Deland, FL 32724**

TITLE ☒ Change ☐ Addition
NAME **William Poole**
STREET ADDRESS **2439 Vaughn Ave.**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE ☐ Change ☐ Addition
NAME **Poole, Randall**
STREET ADDRESS **1541 Lakeside Dr.**
CITY-ST-ZIP **Deland, FL 32720**

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

PHYLLIS A. LUNGREN

Phyllis A. Lungren **4/3/03**

Date

Deputy Phone #

(386-851-1728)

CR2E037 (10/02)