

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N42752**

1. Entity Name

CELEBRATE AMERICA, INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90296 004 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 12413
TALLAHASSEE FL 32317-2413

POST OFFICE BOX 12413
TALLAHASSEE FL 32317-2413

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

59-3065563

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

Name

PENSON, ALBERT C.

Street Address (P.O. Box Number is Not Acceptable)

2810 REMINGTON GREEN CIRCLE

City

TALLAHASSEE

FL

Zip Code

32308

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 **M/D** ☒ Delete

NAME ~~**EGGERS, HENRY (RICK) F MR.**~~

STREET ADDRESS **2208 EASTGATE WAY**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **P/D** ☒ Delete

NAME ~~**BURRIS, PAUL MR.**~~

STREET ADDRESS **2391 LANCELOT DR**

CITY-ST-ZIP ~~**TALLAHASSEE FL 32308-2927**~~

TITLE **S/D** ☐ Delete

NAME **THOMPSON, ALLISON MS**

STREET ADDRESS **1900 CENTRE PT BLVD #97**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **P/D** ☐ Delete

NAME **HOLDER, WILLIAM SMITH**

STREET ADDRESS **2035 WHITE ASH WAY**

CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **4P/D** ☐ Delete

NAME **HOLDER, PAULA J**

STREET ADDRESS **2035 WHITE ASH WAY**

CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

414-3917

CR2E037 (9/01)