

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

DOCUMENT # N42752

1. Entity Name  
**CELEBRATE AMERICA, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 11 PM 3:59

Principal Place of Business  
POST OFFICE BOX 12413  
TALLAHASSEE, FL 32317-2413

Mailing Address  
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PENSON, ALBERT C  
2810 REMINGTON CIRCLE  
TALLAHASSEE, FL 32308

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

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>POD THOMPSON, ALLISON MS 1900 CENTRE PT BLVD #97 TALLAHASSEE, FL 32308</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PD HOLDER, WILLIAM SMITH 2035 WHITE ASH WAY TALLAHASSEE, FL 32308</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>VPD HOLDER, PAULA J 2035 WHITE ASH WAY TALLAHASSEE, FL 32308</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>000014085740 03/11/03--01034--028 **70.00</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:

*William Holder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

CR2E037 (10/02)