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03-05-1999 90113 039 ****70.00

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47110

1. Corporation Name

BEVERLY HILLBILLIES SQUARE DANCE CLUB, INC.

Principal Place of Business

77 CIVIC CIRCLE
BEVERLY HILLS FL 34465
US

Mailing Address

C/O JACK W. SMITH
231 N ENTRY OAKS PT
LECANTO FL 34461
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/31/1992

4. FEI Number

59-3041177

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, JACK
231 N ENTRY OAKS PT
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name **LEAVITT, LESLIE R.**

82 Street Address (P.O. Box Number is Not Acceptable)
864 W. GLEASON PL.

83

84 City **BEVERLY HILLS**

FL

85 Zip Code
34465

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Leslie R. Leavitt*
Signature, typed or printed name of registered agent and title if applicable.

LESLIE R. LEAVITT - PRESIDENT

2/10/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MURRAY, DAVE & DEE**
STREET ADDRESS **56 S. OSCEOLA ST**
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **VPD** ☒ DELETE
NAME **LEAVITT, LESLIE &**
STREET ADDRESS **864 W. GLEASON DR.**
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **TD** ☒ DELETE
NAME **SMITH, JACK & BETTY**
STREET ADDRESS **231 N. ENTRY OAKS PT**
CITY-ST-ZIP **LECANTO FL**

TITLE **S** ☐ DELETE
NAME **LEE, KATHERINE**
STREET ADDRESS **952 W. BEAR RUSH LANE**
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **LEAVITT, LESLIE & SONYA**
1.3 STREET ADDRESS **864 W. GLEASON PL.**
1.4 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **GABRIEL, FRANK & JESSIE**
3.3 STREET ADDRESS **6 N. OSCEOLA ST.**
3.4 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie R. Leavitt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99

352-527-0698
Daytime Phone #

CR2E037 (1/98)