

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000171

1. Entity Name

CELEBRITY CHARITABLE EVENTS INC.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90002 032 \*\*\*\*61.25

Principal Place of Business

1044 PONTE VEDRA BLVD.  
PONTE VEDRA FL 32082

Mailing Address

1044 PONTE VEDRA BLVD.  
PONTE VEDRA FL 32082-4015

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 **59-3198687**

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

STOCKTON, JAMES R III  
1044 PONTE VEDRA BLVD.  
PONTE VEDRA FL 32082

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME STOCKTON, JAMES R III  
STREET ADDRESS 1044 PONTE VEDRA BLVD.  
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BELLINGRATH, BRAD  
STREET ADDRESS 1044 PONTE VEDRA BLVD.  
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME WILLIAMSON, TIM  
STREET ADDRESS 1044 PONTE VEDRA BLVD.  
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME HANDBURY, MARK  
STREET ADDRESS 1044 PONTE VEDRA BLVD.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME OLSEN, MARK  
STREET ADDRESS 395 POWELL CHAPEL RD  
CITY-ST-ZIP VILLA RICA GA 30180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)