

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90285 038 ****61.25

DOCUMENT # N93000000171

1. Entity Name

CELEBRITY CHARITABLE EVENTS INC.

Principal Place of Business

Mailing Address

**166 A1A NORTH
 PONTE VEDRA FL 32082**

**1044 PONTE VEDRA BOULEVARD
 PONTE VEDRA FL 32082**

2. Principal Place of Business

117 1st AVE North

3. Mailing Address

PO BOX 285

Suite, Apt. #, etc.

JACKSONVILLE Bch, FL

Suite, Apt. #, etc.

Ponte Vedra Bch, FL

City & State

32250

City & State

32004

Zip

Country

USA

Zip

Country

USA

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)

D

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 **D** ☐ 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 **D** ☐ 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 **D** ☐ 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 **D** ☐ 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 **D** ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)