

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004588

1. Entity Name

LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90882 008 ****70.00

Principal Place of Business

Mailing Address

480 MARSHBURN DRIVE
BRONSON FL 32621

P.O. BOX 129
BRONSON FL 32621-0129
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3308455

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETER LANGLEY, ATTORNEY AT LAW
297 COURT ST.
BRONSON FL 32621

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 D ☐ Delete
NAME BEAUCHAMP, WAYNE E.
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

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

TITLE DC ☐ Delete
NAME ALEXANDER, TED
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

TITLE D ☒ Change ☐ Addition
NAME Alexander, Ted
STREET ADDRESS 480 Marshburn Drive.
CITY-ST-ZIP Bronson, FL

TITLE DV ☐ Delete
NAME ETHERIDGE, G. FRANK
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

TITLE DC ☒ Change ☐ Addition
NAME Etheridge, G. Frank
STREET ADDRESS 480 Marshburn Drive
CITY-ST-ZIP Bronson, FL

TITLE D ☐ Delete
NAME HAILE, JULIA H.
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

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

TITLE D ☐ Delete
NAME SHUSTER, JENNIFER
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

TITLE DV ☒ Change ☐ Addition
NAME Shuster, Jennifer
STREET ADDRESS 480 Marshburn Drive
CITY-ST-ZIP Bronson, FL

TITLE S ☐ Delete
NAME JOHNSON, PAUL D
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

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 an other like empowered.

SIGNATURE: *Frank Etheridge* Frank Etheridge, Chairman

352-486-5231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)