

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91100 011 \*\*\*\*70.00

**DOCUMENT # N94000004588**

1. Entity Name

**LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY,**

Principal Place of Business

**480 MARSHBURN DRIVE  
BRONSON FL 32621**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3308455**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****PETER LANGLEY, ATTORNEY AT LAW  
297 COURT ST.  
BRONSON FL 32621****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.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEAUCHAMP, WAYNE E.</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>BEAUCHAMP, WAYNE E.</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEXANDER, TED</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, ELIZABETH</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ETHERIDGE, G. FRANK</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ETHERIDGE, G. FRANK</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAILE, JULIA H.</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SHUSTER, JENNIFER</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>SHUSTER, JENNEFER</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JOHNSON, PAUL D</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NORRIS, CLIFTON V.</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 OF SIGNING OFFICER OR DIRECTOR**  
**SHUSTER**

Date

Daytime Phone #

CR2E037 (10/00)