

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000004588

FILED  
Apr 23, 2003  
Secretary of State

**Entity Name:** LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.

**Current Principal Place of Business:**

480 MARSHBURN DRIVE  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 129  
BRONSON, FL 326210129 US

**New Mailing Address:**

**FEI Number:** 59-3308455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SHEREE LANCASTER, ATTORNEY AT LAW  
109 EAST WADE STREET  
TRENTON, FL 32693 US

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: SHEREE LANCASTER

04/23/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: BEAUCHAMP, WAYNE E.  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL

Title: D ( ) Delete  
Name: DAVIS, ELIZABETH  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL

Title: DV ( ) Delete  
Name: ETHERIDGE, G. FRANK  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL

Title: D ( ) Delete  
Name: HAILE, JULIA H.  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL

Title: D ( ) Delete  
Name: SHUSTER, JENNIFER  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL

Title: S ( ) Delete  
Name: NORRIS, CLIFTON V  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MORRISON, BILLY R  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL 32621 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DC (X) Change ( ) Addition  
Name: ETHERIDGE, G. FRANK  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL

Title: DV (X) Change ( ) Addition  
Name: HAILE, JULIA H.  
Address: 480 MARSHBURN DRIVE  
City-St-Zip: BRONSON, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFTON V. NORRIS

S

04/23/2003

Electronic Signature of Signing Officer or Director

Date