

2000 UNIFORM BUSINESS REPORT (UBR)

0071885

DOCUMENT # N94000005548

1. Entity Name

SOUTH LEVY RECREATION PARK, INC.

Principal Place of Business

Mailing Address

8350 HWY 40 EAST
INGLIS FL 34449

P.O. BOX 1647
INGLIS FL 34449-1647

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

59-3297406

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

**RISHER, CAROLYN
119 RISHER AVENUE
INGLIS FL 34449**

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

TITLE **D** ☐ Delete
NAME **OSTEEN, DOTTIE**
STREET ADDRESS **98 LEE ROAD**
CITY-ST-ZIP **INGLIS FL 34449**

TITLE **D** ☐ Delete
NAME **MOORE, MARK**
STREET ADDRESS **4721 RIVERSIDE DRIVE**
CITY-ST-ZIP **YANKEETOWN FL 34498**

TITLE **D** ☐ Delete
NAME **MOORE, LESLIE**
STREET ADDRESS **4721 RIVERSIDE DRIVE**
CITY-ST-ZIP **YANKEETOWN FL 34498**

TITLE **D** ☒ Delete
NAME **BRENNAN, PATTYE**
STREET ADDRESS **169 HUDSON STREET**
CITY-ST-ZIP **INGLIS FL 34449**

TITLE **D** ☐ Delete
NAME **RUNNELS, CAROL**
STREET ADDRESS **32 OUR ROAD**
CITY-ST-ZIP **INGLIS FL 34449**

TITLE **D** ☐ Delete
NAME **SHUSTER, JENNEFER**
STREET ADDRESS **10 56TH STREET**
CITY-ST-ZIP **YANKEETOWN FL 34498**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary / Treas.** ☐ Change ☒ Addition
NAME **Shannon Smith**
STREET ADDRESS **717 Hwy 40 East**
CITY-ST-ZIP **INGLIS, FL 34449**

TITLE **D** ☐ Change ☒ Addition
NAME **James Castleberry**
STREET ADDRESS **143 Palm St**
CITY-ST-ZIP **Inglis, FL 34449**

TITLE **D** ☐ Change ☒ Addition
NAME **Janelle Castleberry**
STREET ADDRESS **143 Palm St**
CITY-ST-ZIP **Inglis, FL 34449**

TITLE **D** ☐ Change ☒ Addition
NAME **Sherry Reed**
STREET ADDRESS **31 S. Schoolcraft Dr**
CITY-ST-ZIP **Inglis, FL 34449**

TITLE **D** ☐ Change ☐ Addition
NAME **JBW/2**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-2000

352-447-3597

Date

Daytime Phone #

CR2E037 (9/99)