

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90631 050 ***158.75

00063251

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000005548

1. Entity Name SOUTH LEVY RECREATIONAL PARK, INC.

Principal Place of Business

Mailing Address

135 Highway 40 West
 Inglis, Fl 34449

P.O. Box 1647
 Inglis, Fl 34449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

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 re-nating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D **RISHER, CAROLYN** ☐ Delete
NAME
STREET ADDRESS 119 Risher Avenue
CITY-ST-ZIP Inglis, Fl 34449

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

TITLE D **Moore, Mark** ☐ Delete
NAME
STREET ADDRESS 4721 Riverside Drive
CITY-ST-ZIP Yankeetown, Fl 34498

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

TITLE D **Moore, Leslie** ☐ Delete
NAME
STREET ADDRESS 4721 Riverside Drive
CITY-ST-ZIP Yankeetown, fl 34498

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

TITLE S/T **Smith Shannon** ☐ Delete
NAME
STREET ADDRESS 717 Highway 40 East
CITY-ST-ZIP Inglis, Fl 34449

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

TITLE D **Runnels, Carol** ☐ Delete
NAME
STREET ADDRESS 32 Our Road
CITY-ST-ZIP Inglis, Fl 34449

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

TITLE D **Shuster, Jennefer** ☐ Delete
NAME C
STREET ADDRESS P.O. Box 143
CITY-ST-ZIP Yankeetown, Fl 34498

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shannon Smith Sec/Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (11/00)