

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90054 049 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000005548**

1. Entity Name

**SOUTH LEVY RECREATION PARK, INC.**

Principal Place of Business

**135 HWY 40 EAST  
 INGLIS FL 34449**

Mailing Address

**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 **59-3297406**

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 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 **RISHER, CAROLYN**  
 STREET ADDRESS **119 RISHER AVE**  
 CITY-ST-ZIP **INGLIS FL 34449**

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

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

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

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

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

TITLE **ST** ☐ Delete  
 NAME **SMITH, SHANNON**  
 STREET ADDRESS **717 HWY 40 EAST**  
 CITY-ST-ZIP **INGLIS FL 34449**

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

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

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

TITLE **DC** ☐ Delete  
 NAME **SHUSTER, JENNEFER**  
 STREET ADDRESS **10 58TH STREET**  
 CITY-ST-ZIP **YANKEETOWN FL 34498**

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:** *Shannon Smith* **4/22/02** **352-447-3383**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)