

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004632

1. Entity Name

LEVY VOICE, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90044 006 ****61.25

Principal Place of Business

Mailing Address

P.O. DRAWER 1719
BRONSON FL 32621

P.O. DRAWER 1719
BRONSON FL 32621

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

59-3435065

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

BAHAN, MILTON
490 HATHAWAY AVE
BRONSON FL 32621

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME PD
JUNKER, FRITZ
STREET ADDRESS 11451 SE 56 LN
CITY-ST-ZIP MORRISTON FL 32668

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

TITLE ☐ Delete
NAME T
LAMB, MARLENE
STREET ADDRESS P.O. BOX 1210
CITY-ST-ZIP BRONSON FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 607
CITY-ST-ZIP Williston, FL 32696

TITLE ☐ Delete
NAME D
MAFF, DON
STREET ADDRESS 6890 NW 106 ST
CITY-ST-ZIP CHIEFLAND FL 32628

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP DON MAFF

TITLE ☐ Delete
NAME S
JONES, DEBRA
STREET ADDRESS 852 NW 2 AVE
CITY-ST-ZIP WILLISTON FL 32696

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

TITLE ☐ Delete
NAME VPD
GOODWIN, KEN
STREET ADDRESS 17150 SE 60 ST
CITY-ST-ZIP MORRISTON FL 32668

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 an other like empowered.

SIGNATURE:

Marlene Lamb
MARLENE LAMB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/20/00 352/528-4091

CR2E037 (5/00)