2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
01-30-2001 90078 017 ****61.25

DOCUMENT # N96000004632

1. Entity Name

LEVY VOICE, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 1719 BRONSON FL 32621	P.O. DRAWER 1719 BRONSON FL 32621

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

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

BAHAN, MILTON
490 HATHAWAY AVE
BRONSON FL 32621

7. Name and Address of New Registered Agent

Name ERNEST D. GRAVELINE
Street Address (P.O. Box Number is Not Acceptable) 19510 SE 42ND PLACE
Ernest D Graveline
City MORRISTON FL Zip Code 32668

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 ERNEST D. GRAVELINE, PRES. Ernest D Graveline 01-22-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUNKER, FRITZ 11451 SE 56 LN MORRISTON FL 32668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRES~~ PD ERNEST D. GRAVELINE PO BOX 42 MORRISTON, FL 32668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAMB, MARLENE P. O. BOX 607 WILLISTON FL 32698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOIS HAWTHORNE PO BOX 701/13961 N.E. 9th St WILLISTON, FL 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAPP, DON 6890 NW 106 ST CHIEFLAND FL 32628	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDNA ZOLDEK 2630 NW 72ND TER CHIEFLAND, FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JONES, DEBRA 852 NW 2 AVE WILLISTON FL 32696	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRITZ JUNKER 11451 SE 56 LANE MORRISTON, FL 32668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GOODWIN, KEN 17150 SE 60 ST MORRISTON FL 32668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Lois J. Hawthorne (SIGNATURE REQUIRED) 01-22-01 352/528-9928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #