

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90024 017 ****61.25

DOCUMENT # N96000004632

1. Entity Name

LEVY VOICE, INC.

Principal Place of Business

P.O. DRAWER 1719
BRONSON FL 32621

Mailing Address

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GROVELINE, ERNEST D
19510 SE 42ND PLACE
MORRISTON FL 32668

7. Name and Address of New Registered Agent

Name

MARLENE LAMB

Street Address (P.O. Box Number is Not Acceptable)

707 SE 1st St.

City

Williston

FL

Zip Code

32696

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

Marlene Lamb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/02

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 **PD** ☒ Delete
NAME **GRAVELINE, ERNEST D**
STREET ADDRESS **P O BOX 42**
CITY-ST-ZIP **MORRISTON FL 32668**

TITLE **HAWTHORNE, LOIS** ☐ Delete
NAME **HAWTHORNE, LOIS**
STREET ADDRESS **P O BOX 701 - 13961 NE 9TH STREET**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **D Jean** ☒ Delete
NAME **ZOLDEK, EDNA**
STREET ADDRESS **2630 NW 72ND TERRACE**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **S** ☒ Delete
NAME **JUNKER, FRITZ**
STREET ADDRESS **11451 SE 56 LANE**
CITY-ST-ZIP **MORRISTON FL 32668**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **MARLENE LAMB**
STREET ADDRESS **707 SE 1st St**
CITY-ST-ZIP **Williston, FL 32696**

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

TITLE **Director** ☒ Change ☐ Addition
NAME **JEAN CUNNINGHAM**
STREET ADDRESS **6591 N.E. 9th Ct**
CITY-ST-ZIP **BRONSON, FL 32621**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **TERESA MERKEL**
STREET ADDRESS **8731 N.W. 125th St.**
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

Marlene Lamb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02

CR2E037 (9/01)