

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004748

1. Entity Name

CRIME STOPPERS OF LEVY COUNTY, FLORIDA, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90034 014 ****61.25

Principal Place of Business

Mailing Address

9150 NE 80 AVE
BRONSON FL 32621

PO BOX 1846
BRONSON FL 32621-1846

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

59-3527627

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

GLASS, TED F
9150 NE 80 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

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 PD
NAME KOCHER, KEITH E ☒ Delete
STREET ADDRESS 6390 NE 185 TERR
CITY-ST-ZIP WILLISTON FL

TITLE PD
NAME Toni C. Collins ☒ Change ☐ Addition
STREET ADDRESS 307 SE 4th Terrace
CITY-ST-ZIP Williston, FL 32696

TITLE VPD
NAME DAYS, TONY ☒ Delete
STREET ADDRESS 21330 NE 37 PL
CITY-ST-ZIP WILLISTON FL 32696

TITLE VPD
NAME Heath Davis ☐ Change ☒ Addition
STREET ADDRESS 16971 SW 133rd Street
CITY-ST-ZIP Cedar Key, FL 32625

TITLE SD
NAME COLLINS, TONI C ☐ Delete
STREET ADDRESS 307 SE 4 TERR
CITY-ST-ZIP WILLISTON FL 32696

TITLE SD
NAME Deanna Dobbins ☐ Change ☒ Addition
STREET ADDRESS 4091 NE 140th Court
CITY-ST-ZIP Williston, FL 32696

TITLE TD
NAME FENDER, BETTY ☐ Delete
STREET ADDRESS 320 SE 4 CT
CITY-ST-ZIP WILLISTON FL 32696

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Toni C. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2000

(352)
528-0102
Date Daytime Phone #

CR2E037 (9/99)