## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2001 8:00 am Secretary of State DOCUMENT # N98000004748 1. Entity Name 05-12-2001 90038 039 \*\*\*\*61.25 CRIME STOPPERS OF LEVY COUNTY, FLORIDA, INC. Principal Place of Business Mailing Address 9150 NE 80 AVE PO BOX 1846 BRONSON FL 32621 **BRONSON FL 32621** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3527627 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Betty Fender Street Address (P.O. Box Number is Not Acceptable) 320 SE 4th Court GLASS, TED F 9150 NE 80 AVE BRONSON FL 32621 City Zip Code 32696 Williston 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. 04/28/2001 Betty Fender, Treasurer SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE COLLINS, TONI C NAME NAME 307 SE 4 TERR STREET ADDRESS STREET ADDRESS CITY-ST-7IP WILLISTON FL 32696 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE FENDER, BETTY NAME NAME STREET ADDRESS 320 SE 4 CT STREET ADDRESS CITY-ST-ZIP WILLISTON FL 32696 CITY-ST-ZIP VPD TITLE ☐ Change Addition Delete TITLE DAVIS, HEATH NAME NAME 16971 SW 133RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEDAR KEY FL 32625 CITY-ST-ZIP X Delete Addition TITLE TITLE ☐ Change DOBBINS, DEANNA NAME NAME Billie Sue Johnson 4091 NE 140TH CT STREET ADDRESS STREET ADDRESS 7250 NE 184th Court WILLISTON FL 32696 CITY-ST-ZIP CITY-ST-ZIP Williston, FL 32696 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 five empowered. attenti Matori Collins 04/28/2001 (352) 528-0102 SIGNATURE: U

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

**FILED**