

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

04-24-2000 90037 001 ****61.25

Please: Attachment N99000001228
 If this is not correct
 Please state what is
 not correct. I have
 no idea why the form
 has been returned
 3 times

Ronald S. Ditt

C. *R*

ROAD
34608

SS

etc.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2307375** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DITT, RONALD S
5194 HARBINGER ROAD
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN LEVEROCK 3229 HARGROVE ST SPRING HILL, FL 34606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR RONALD S. DITT 5194 HARBINGER ROAD SPRING HILL, FL 34608	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT MAHR P.O. BOX 5386 SPRING HILL, FL 34606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT GEORGE FOUGHT 14120 SULLIVAN ST. SPRING HILL, FL 34609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH BARICKO 23155 THIELMAN AVENUE BROOKSVILLE, FL 34601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEPHE BARICKO 23155 THIELMAN AVENUE BROOKSVILLE, FL 34601	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES LIVINGSTON 8445 DUNNELLON ROAD BROOKSVILLE, FL 34613	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DONALD LUSK 6801 E. RICHARD DRIVE SPRING HILL, FL 34607	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JASON MAHR 5104 LANDOVER BLVD SPRING HILL, FL 34609	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID MAY 2109 COACHMAN STREET SPRING HILL, FL 34608	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM MISESKA 900N BROAD ST #4608 BROOKSVILLE, FL 34601	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LARRY THIBERT 12408 KANAWHA AVENUE BROOKSVILLE, FL 34614	☐ 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: *Ronald S. Ditt* **RONALD S. DITT** *July 24, 2000* **352-688-1005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #