

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90373 050 \*\*\*150.00

**DOCUMENT # P00000069826**

1. Entity Name  
**UNITED SPIRIT CORP.**

Principal Place of Business  
**4581 NW 6 STREET STE H  
GAINESVILLE FL 32609**

Mailing Address  
**PO BX 15267  
GAINESVILLE FL 32604**

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 **59-3659604**

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

**THORP, JAMES  
170 SW 117 STREET  
GAINESVILLE FL 32607**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **THORP, JAMES**  
STREET ADDRESS **710 SW 117 ST**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **VS** ☐ Delete  
NAME **THORP, KELLEY**  
STREET ADDRESS **740 SW 117TH ST**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **VD** ☐ Delete  
NAME **BAGBY, DARRELL**  
STREET ADDRESS **1024 SW 76 TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **STD** ☐ Delete  
NAME **LEWIS, RHETT**  
STREET ADDRESS **181 FLORADANDY ROAD**  
CITY-ST-ZIP **HAWTHORNE FL 32640**

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

TITLE **D** ☐ Delete  
NAME **HARRIS, MARCELOUS**  
STREET ADDRESS **7817 NW 53 WAY**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**LEWIS, RHETT LEWIS** 1-10-02 352-240-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)