

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90383 046 ***150.00

DOCUMENT # P95000093199

1. Entity Name
LEVIE FUNDING, INC.

| | |
|--|---|
| Principal Place of Business 217 N. WESTMONTE DRIVE SUITE 3025 ALTAMONTE SPRINGS FL 32714 | Mailing Address 217 N. WESTMONTE DRIVE SUITE 3025 ALTAMONTE SPRINGS FL 32714-3338 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 185 WAYMONT CT. Suite, Apt. #, etc. #101 City & State LAKE MARY, FL. Zip 32746 | 3. Mailing Address 185 WAYMONT CT. Suite, Apt. #, etc. #101 City & State LAKE MARY, FL. Zip 32746 |
| Country U.S. | Country U.S. |

| | |
|------------------------------------|---|
| 4. FEI Number 59-3349572 | Applied For <input type="checkbox"/> |
| | Not Applicable <input checked="" type="checkbox"/> |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent
**LEVIE, NANCY M
 217 N. WESTMONTE DRIVE
 SUITE 3025
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent
 Name
LEVIE, NANCY M.
 Street Address (P.O. Box Number is Not Acceptable)
185 WAYMONT CT #101
 City
LAKE MARY FL Zip Code
32746

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  **DPST** DATE **4/18/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST LEVIE, NANCY M 217 N. WESTMONTE DRIVE, #3025 ALTAMONTE SPRINGS FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVIE, HOWARD N 217 N. WESTMONTE DRIVE, #3025 ALTAMONTE SPRINGS FL 32714 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LEVIE, JAMES C 217 NW ESTMONTE DR, #3025 ALTAMONTE SPRINGS FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 185 WAYMONT CT #101 LAKE MARY, FL. 32746-6093 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 185 WAYMONT CT. #101 LAKE MARY, FL 32746-6093 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 185 WAYMONT CT #101 LAKE MARY, FL 32746-6093 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **DPST** DATE **4/18/00** DAYTIME PHONE # **407-323-7333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)