

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90943 030 ****70.00

DOCUMENT # 722045

1. Entity Name

FLORIDA RIGHT TO LIFE, INCORPORATED

Principal Place of Business

**3336 EDGEWATER DRIVE
 ORLANDO FL 32804**

Mailing Address

**3336 EDGEWATER DRIVE
 ORLANDO FL 32804**

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

59-1610092

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

2nd notice, please correct. See attached letter sent by attorney on 4/26/2000.
**STAVER, MATHEW D.
 1900 SUMMIT TOWER BLVD.
 STE. 540
 ORLANDO FL 32810**

Name
C. GENE SHIPLEY,
 Street Address (P.O. Box Number is Not Acceptable)
**ZIMMERMAN, SHUFFIELD, KIGER + SUTCLIFFE, P.A.
 315 E. ROBINSON ST. # 600**
 City
ORLANDO FL Zip Code
32801

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, LYNDA 1740 N.W. 13 AVE HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATZ, JUDI 6576 CHESTNUT DR NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OZOLNIEKS, MATTHEW 1073 S HIWASSEE RD., #1018 ORLANDO FL 32835	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lynnda Bell* **LYNDA BELL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

407-422-7111
 Daytime Phone #

CR2E037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment
Doc. # 722045
→ over →
4/7/06

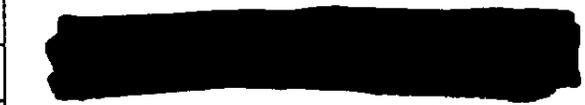
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Principal Place of Business Mailing Address
3336 EDGEWATER DRIVE **3336 EDGEWATER DRIVE**
ORLANDO FL 32804 **ORLANDO FL 32804-3742**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



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4. FEI Number Applied For
59-1610092 Not Applicable

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

6. Name and Address of Current Registered Agent
~~STAVER, MATHEW D.
1900 SUMMIT TOWER BLVD.
STE. 540
ORLANDO FL 32810~~

7. Name and Address of New Registered Agent
Name
C. Gene Shipley, Esq.
Street Address (P.O. Box Number is Not Acceptable)
~~Zimmerman, Shuffield, Kiser & Sutcliffe, P.A.~~
315 E. Robinson Street #600
City FL Zip Code
Orlando **32801**

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 *C. Gene Shipley* DATE **4/26/06**
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

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SIGNATURE: **LYNDA BELL** *Lynnda Bell* DATE **4/25/2000** DAYTIME PHONE # **407-422-7**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #