

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90151 029 \*\*\*\*61.25

**DOCUMENT # 734278**

1. Entity Name

**ACTION FOR LIFE, INC.**

Principal Place of Business

464 9TH ST., N.  
 NAPLES FL 34102  
 US

Mailing Address

PO BOX 8206  
 NAPLES FL 33941

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

**NOT APPLICABLE**

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

**HENNESSY, JOSEPH**  
**4980 8TH AVE SW**  
**NAPLES FL 34103**

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**

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 ☐ Delete  
 NAME **DVP**  
 STREET ADDRESS **HENNESSY, JOSEPH**  
 CITY-ST-ZIP **4980 8TH AVE SW**  
**NAPLES FL 34103**

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **BAKER, HELEN**  
 CITY-ST-ZIP **1909 WINDING OAKS WAY**  
**NAPLES FL 34104**

TITLE ☒ Change ☐ Addition  
 NAME **D President**  
 STREET ADDRESS **Edward C. McLone**  
 CITY-ST-ZIP **6132 Threshen Dr.**  
**Naples, FL, 34112-1904**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CARTER, JO AN**  
 CITY-ST-ZIP **3130 KINGS LAKE BLVD**  
**NAPLES FL 34112**

TITLE ☐ Change ☐ Addition  
 NAME **D.S.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **ARGUYO, CAROL**  
 CITY-ST-ZIP **5130 RATTLESNAKE HAMMOCK RD**  
**NAPLES FL 34113**

TITLE ☐ Change ☐ Addition  
 NAME **TREASURER**  
 STREET ADDRESS **Frank Furren**  
 CITY-ST-ZIP **400 7th Avenue S**  
**Naples, FL, 34102**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Signature Required* **Edward C. McLone**

4-17-2001

941-262-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)