

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90003 013 \*\*\*\*61.25

**DOCUMENT # 740159**

1. Entity Name

**PEACEFUL PATHS, INC.**

Principal Place of Business

Mailing Address

912 NE 2ND ST  
 GAINESVILLE FL 32601

P.O. BOX 5099  
 GAINESVILLE FL 32602-5099  
 US

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

**59-1809014**

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**

**HARRISON, THERESA B DR.**  
**912 NE 2ND ST**  
**GAINESVILLE FL 32601**

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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, JOE	
STREET ADDRESS	6324 NW 33RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, GORDON	
STREET ADDRESS	830 EDWARDS RD	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKES, JOANN	
STREET ADDRESS	4316 NW 41ST LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	EDD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, LIS L	
STREET ADDRESS	PO BOX 5099	
CITY-ST-ZIP	GAINESVILLE FL 32627-5099	
TITLE	T	<input type="checkbox"/> Delete
NAME	COWAN, RITA	
STREET ADDRESS	8018 SW 17TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	ED	<input type="checkbox"/> Delete
NAME	HARRISON, THERESA B DR.	
STREET ADDRESS	912 NE 2ND ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha Varnes	
STREET ADDRESS	2823 NE 11th Terrace	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Theresa B. Harrison*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5690

CR2E037 (9/01)