

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90015 019 \*\*\*\*70.00

**DOCUMENT # 743875**

1. Entity Name

**RECONCILIATION OUTREACH, INC.**

Principal Place of Business

3206 SE ASTER LN  
 R- 208  
 STUART FL 34994  
 US

Mailing Address

P.O. BOX 2778  
 STUART FL 34995

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

**59-1846283**

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

**O'HIGGINS, PAUL F. (REV)**  
**3206 SE ASTER LN, R-208**  
**STUART FL 34997**

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, JUDITH</b>	
STREET ADDRESS	<b>33 FIELDWAY DR.</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>O'HIGGINS, NUALA M.</b>	
STREET ADDRESS	<b>3206 SE ASTER LN, R-208</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARADISE, JOSEPHINE</b>	
STREET ADDRESS	<b>5 NE GUMBO LIMBO LN</b>	
CITY-ST-ZIP	<b>SEWALLS POINT FL</b>	
TITLE	<b>D/V</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, LARRY (MR.)</b>	
STREET ADDRESS	<b>33 FIELDWAY DR.</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>O'HIGGINS, PAUL F REV</b>	
STREET ADDRESS	<b>3206 SE ASTER LN R-208</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D HOANES</b>	<input type="checkbox"/> Delete
NAME	<b>HOANES, ROBERT</b>	
STREET ADDRESS	<b>16 KNOWLES RD</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOANES, MARGORIE</b>	
STREET ADDRESS	<b>16 KNOWLES RD</b>	
CITY-ST-ZIP	<b>STUART, FL 34996</b>	
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		
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:

*Paul F. O'Higgins*  
**REV. PAUL F. O'HIGGINS** 2-10-01 561-283-6920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)