## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 27, 2001 8:00 am § Secretary of State **DOCUMENT # 767885** 1. Entity Name SOUTHERN OUTREACH SERVICES AND CLUB Y.A.N.A., IN 03-27-2001 90026 034 \*\*\*\*61.25 Principal Place of Business Mailing Address SOUTHERN OUTREACH INC. 111 HOWES STREET ALLANDALE FL 32127-5472 111 HOWES ST. ALLANDALE FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KNUTSON, BETTY J 409 LAURIE AVE. PORT ORANGE FL 32127 Zip Code FL 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be П Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) CEOP ☐ Change ☐ Addition TITLE ☐ Delete TITLE GUSTAVSON, DON NAME NAME STREET ADDRESS 5581 LANCEWOOD DR STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE **BUMPUS, GEORGE** NAME NAME STREET ADDRESS STREET ADDRESS **59 GOLDEN GATE CR** CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32019 Change ☐ Addition TITLE ☐ Delete TITLE HOOPER, HELLEN NAME NAME 29 GOLDEN GATE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Change Addition TITLE □ Delete TITLE KNUTSON, BETTY J NAME NAME STREET ADDRESS 409 LAURIE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32127 VEW ADDR Delete ☐ Addition TITLE TITLE LEWIS, GERRI NAME NAME 110 BOTEFUHR AVE., APT. #8A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BCH. SHORES FL 32118 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 trustge 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. changed, or on an attachment with an a less, with all other like empowered.

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