

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**  
 06-07-2001 90192 029 \*\*\*150.00

0320494

**DOCUMENT # G91777**

1. Entity Name

**NEW LIFE FAMILY SERVICES, INC.**

Principal Place of Business

4886 LAKE WORTH ROAD  
 STE. A  
 GREEN ACRES FL 33463-3456  
 US

Mailing Address

4886 LAKE WORTH RD.  
 STE. A  
 GREEN ACRES FL 33463-3456  
 US

**ADD 2001**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 Butler Street

3. Mailing Address

200 Butler Street

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

W. Palm Beach, FL

City & State

W. Palm Beach, FL

Zip

33407

Country

Palm Beach

Zip

33407

Country

Palm Beach

4. FEI Number

59-2380294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JOHN (HARRIS ASSOCIATES)  
 12769 W. FOREST HILL BLVD  
 SUITE E  
 WELLINGTON FL 33414

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution, ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OTTO, BEVERLY A.	
STREET ADDRESS	44 W. MANGO RD.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	OTTO, BEVERLY A.	
STREET ADDRESS	44 W. MANGO RD.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	116 Banyan Isle Drive
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	116 Banyan Isle Drive
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I just received  
 this last week.  
 Had been received  
 by the new tenant  
 (I moved) and not  
 given to me  
 until now. 6/2/01

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated  
 indicated on this report or supplemental report is true and accurate and that my signature shall have  
 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter  
 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-2-01

5018379880

CR2E034 (10/00)