

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N25937**

1. Entity Name

**GUARDIANS FOR NEW FUTURES, INC.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90039 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

218 S 2ND ST ROOM 231  
 FT. PIERCE FL 34950

218 S 2ND ST ROOM 231  
 FT. PIERCE FL 34950-4301

2. Principal Place of Business

**1597 SE BLOCKTON AVE.**

3. Mailing Address

**1597 SE BLOCKTON AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Port St. Lucie FL**

City & State

**Port St. Lucie FL**

4. FEI Number

**65-0117004**

Applied For

Not Applicable

Zip

**34952**

Country

**USA**

Zip

**34952**

Country

**USA**

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

**O'HAIRE, MICHAEL**  
**3111 CARDINAL DR.**  
**VERO BEACH FL 32963**

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	DV	<input checked="" type="checkbox"/> Delete
NAME	MELESKI, ELSIE	
STREET ADDRESS	23 SAN MARINO WAY	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MAYS, PATRICIA A	
STREET ADDRESS	8388 75TH CT.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RATHBURN, PATRICIA A.	
STREET ADDRESS	2502 SE PETIT LANE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SUSAN	
STREET ADDRESS	2150 STEWART LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOVER, CHARLES W.	
STREET ADDRESS	1597 SE BLOCKTON AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, ANGELA	
STREET ADDRESS	1323 SW 32 AVE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTON, DEBRA	
STREET ADDRESS	990 SW GARDEN BLVD.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTEE, SYLVIA	
STREET ADDRESS	1861 PALM CITY ROAD - Apt. H-401	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATHBURN, PATRICIA A.	
STREET ADDRESS	2502 SE PETIT LANE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA MATTES	
STREET ADDRESS	4205 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, CHARLES W.	
STREET ADDRESS	1597 SE BLOCKTON AVE.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Welles	
STREET ADDRESS	2180 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	

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:** *Linda K. Mattes* **LINDA K. MATTES 4-4-2000 561-595-3998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

**Attachment to 2000 Uniform Business Report**

attach,  
C0055321  
# N25937

Blk. 11.                      Additions/Changes to Officers and Directors in 10

Title	D	X - Addition
Name	Hampl, Robin	
Street Address	1201 SW Janette Avenue	
City-St-Zip	Port St. Lucie, FL 34953	