

2000 UNIFORM BUSINESS REPORT (UBR)

0012532

DOCUMENT # N32294

1. Entity Name
ANOTHER WAY, INC.

APPROVED
AND
FILED

00 FEB -9 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 2795 HWY 27 CHIEFLND FL 32644 US	Mailing Address P.O. BOX 2795 HWY 27 CHIEFLAND FL 32644-2795 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3061078	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HOLTEN, NELL
RT-11, BOX 86
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name: **DONNA L FAGAN**
Street Address (P.O. Box Number is Not Acceptable):
103 N.E. 1ST ST. 3
700003136557--3
City: **CHIEFLAND**
Date: **02/15/00** ZIP Code: **32055**
Phone: *******70.05L 132000**

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: *Donna L Fagan* **DONNA L FAGAN EXECUTIVE DIRECTOR** 2/4/00
Signature, typed or printed name of registered agent and fee 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

T HURNE, TINA 12151 N.W. 91ST STREET CHIEFLND FL 32626	<input checked="" type="checkbox"/> Delete
P HOLTEN, NELL RT 11 BOX 86 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
S FREE, JENNIFER 30 NORTH HERNANDO STREET LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
D LLOYD, SEWAN P.O. BOX 697 OLD TOWNE FL 32680	<input checked="" type="checkbox"/> Delete
D MCCALLUM, BOBBY P.O. BOX 1719, 9150 N.E. 8TH AVE. BRONSON FL 32621	<input checked="" type="checkbox"/> Delete
D WILLCAFTS, KATHRYN M 12790 N.E. 101 COURT ARCHER FL 32618	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P VIVIAN ELLIS RT 10 BOX 435 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T SUSAN LLOYD 13550 NE 6th COURT TRENTON, FL. 32693	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S KATHY WILLCUTTS LEVY COUNTY SHERIFFS OFFICE BRONSON, FL. 32621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D KELLY GOODFELLOW RT 9 BOX 599C BEULAH LAKE, LAKE CITY FL. 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ANN KROZIER 505 CENTRAL AVE. JASPER, FL. 32052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ELIZABETH MARTIN 302 E. DUVAL ST. LAKE CITY, FL. 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vivian Ellis* **VIVIAN ELLIS, PRESIDENT** 2/3/00 904-752-9487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (9/99)