

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90028 003 ****70.00

0021153

DOCUMENT # N32294

1. Entity Name

ANOTHER WAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX
 HWY 27
 CHIEFLAND FL 32644
 US

P.O. BOX
 HWY 27
 CHIEFLAND FL 32644
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3061078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAGAN, DONNA L
103 N.E. 1ST ST.
CHIEFLAND FL 32626

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 NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS, VIVIAN RT. 10 BOX 435 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LLOYD, SUSAN 13550 N.E. 6TH CT. TRENTON FL 32693	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLCUTTS, KATHY LEVY COUNTY SHERIFFS OFFICE BRONSON FL 32621	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODFELLOW, KELLY RT. 9 BOX 599C, BEULAH LAKE LAKE CITY FL 32024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROZIER, ANN 505 CENTRAL AVE. JASPER FL 32052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ELIZABETH 302 E. DUVAL ST. LAKE CITY FL 32055	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKERNAN, PAULETTE 1050 COMMERCE BLVD. LAKE CITY, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEROPLE, HANK P.O. BOX 1551 LIVE OAK, FL. 32064	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, ELIZABETH 302 E. DUVAL ST. LAKE CITY, FL. 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. T. L. THOMAS D.O. P.O. BOX 5610 CROSS CITY, FL. 32628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. KROZIER, ANN 505 CENTRAL AVE JASPER, FL. 32052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Donna L. Fagan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Donna L. Fagan, Executive Director**
 Date: **1/18/01** Daytime Phone #: **352-493-9257**

CR2E037 (10/00)

Doc# N32294

B0015397

Mail this postcard to people and businesses that send you mail

Please send mail to my new address beginning: 0 | 1 | 0 | 1 | 0 | 1 |
Month Day Year

My Name (Last Name, First Name, Middle Initial)

Another Way, Inc.

OLD Complete Street Address, PO Box, or Rural Route and RR Box No.

P.O. Box 2795

Apt./Suite No.

City or Post Office

Chiefland

State

FI

ZIP Code or ZIP+4

32644

NEW Complete Street Address, PO Box, or Rural Route No. and Box No.

P.O. Box 2240

Apt./Suite No.

City or Post Office

Chiefland

State

FI

ZIP Code or ZIP+4

32644

Account Number (If Applicable)

New Telephone No. (Optional)

()

Signature

Donna L. Taylor

Today's Date

0 | 1 | 2 | 9 | 0 | 1 |

Month Day Year

PS Form 3576, February 1995

Recipient: Be sure to record the above new address.