

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90231 037 ****61.25

DOCUMENT # N43000

1. Entity Name

FLORIDA INITIATIVES, INC.



Principal Place of Business

**4504 ROCKBRIDGE HOLLOW
TALLAHASSEE FL 32308**

Mailing Address

**1400 VILLAGE SQUARE BLVD.
PMB 221
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
59-3079349

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NABORS, JOAN B
1400 VILLAGE SQUARE BLVD., #3-221
TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joan B. Nabors

Joan B Nabors

3/20/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NABORS, ROBERT L	
STREET ADDRESS	4504 ROCKBRIDGE HOLLOW	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMB, PATTERSON	
STREET ADDRESS	ROUTE 3 BOX 259	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUBBARD, SUSAN	
STREET ADDRESS	1442 SCIORIDGE CT	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: SIG RALPH REQUIRED ROBERT L NABORS 3/20/03 (950) 229 4000

CR2E037 (10/02)