

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/2

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90126 005 \*\*\*\*61.25

**DOCUMENT # N93000004220**

1. Entity Name

**FIRST STEP, INC. OF THE FIFTH JUDICIAL CIRCUIT**

Principal Place of Business 24 NE 1ST STREET ATTN: ANN RESNICK OCALA FL 34470 US	Mailing Address 24 NE 1ST STREET ATTN: ANN RESNICK OCALA FL 34470-6651 US
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**400239**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24 NE 1ST STREET Suite, Apt. #, etc. ATTN: WENDY PRATT	3. Mailing Address 24 NE 1ST STREET Suite, Apt. #, etc. ATTN: WENDY PRATT
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City & State OCALA, FL	City & State OCALA, FL
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4. FEI Number 59-3204052	Applied For <input type="checkbox"/> Not Applicable
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Zip 34470-6660	Country US	Zip 34470-6660	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
**RICH, MARY S**  
**24 NE 1ST STREET**  
**OCALA FL 32778**

7. Name and Address of New Registered Agent  
 Name: **RICH, MARY S**  
 Street Address (P.O. Box Number is Not Acceptable): **5640 SW 6th Place**  
 City: **OCALA** FL Zip Code: **34474**

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: *Mary S. Rich* **MARY S. RICH, PRESIDENT** 1-12-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RICH, MARY S</b> <b>24 NE 1ST STREET</b> <b>OCALA FL 34470</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RICH, MARY S</b> <b>5640 SW 6th PLACE.</b> <b>OCALA, FL 34474</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MATTSON, NEIL</b> <b>105 S ROCKINGHAM AVE</b> <b>TAVARES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEMETRIA PEARCE</b> <b>515 WEST MAIN STREET</b> <b>LEESBURG FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PRATT, WENDY K</b> <b>24 NE 1ST STREET</b> <b>OCALA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Platt, Milton</b> <b>714 Bishop Drive</b> <b>Lady Lake, FL 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURNS, FRANK</b> <b>819 PALM AVE</b> <b>LEESBURG FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENKINS, TRICIA</b> <b>204 NW 3RD AVE</b> <b>OCALA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LENAHAN, CAROL</b> <b>323 N SINCLAIR AVE</b> <b>TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Mary S. Rich* **MARY S. RICH** 1-12-00 (352) 732-1324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #