

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002744

1. Entity Name

STARTING OVER, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90035 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

505 NW 1ST AVE  
FORT LAUDERDALE FL 33309  
US

6600 SW 18TH ST  
MIRAMAR FL 33023-2113  
US

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

65-0599099

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BAIN, SUSAN  
6600 SW 18 ST.  
MIRAMAR FL 33023

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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<p>VD <input type="checkbox"/> Delete</p> <p>ST-ZIP VOLPI, JOCELYN 301 S.W. 77 PLACE FT. LAUDERDALE FL</p>	<p>D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE NAME Keith CHIAVERINI STREET ADDRESS 4725 NE 12th AVE CITY-ST-ZIP Ft Lauderdale, FL 33334</p>
<p>T <input type="checkbox"/> Delete</p> <p>ST-ZIP LOVELAND, RICHARD 1300 NW 31TH AVENUE FORT LAUDERDALE FL</p>	<p>D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE NAME Noel BROWN STREET ADDRESS 4710 NE 3rd Terrace CITY-ST-ZIP Ft Lauderdale, FL 33334</p>
<p>PSD <input type="checkbox"/> Delete</p> <p>ST-ZIP BAIN, SUSAN 6600 SW 18TH STREET MIRAMAR FL 33023</p>	<p>D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE NAME Ellen Sue Buiton STREET ADDRESS 17 Elm Way CITY-ST-ZIP Cooper City, FL 33026</p>
<p>T <input checked="" type="checkbox"/> Delete</p> <p>ST-ZIP DAVIS, JERALD 3810 57 AVENUE S. GREEN ACRES FL</p>	<p>D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE NAME John Emerick STREET ADDRESS 3292 Pimphigha Road CITY-ST-ZIP Pimphigha Park, FL 33009</p>
<p><input type="checkbox"/> Delete</p> <p>ST-ZIP</p>	<p>D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE NAME CHARLES BRANDON STREET ADDRESS 1881 N.E. 26th STREET CITY-ST-ZIP FT LAUDERDALE, FL 33305</p>
<p><input type="checkbox"/> Delete</p> <p>ST-ZIP</p>	<p>D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>TITLE NAME Phyllis Perry STREET ADDRESS 1940 NE 65th COURT CITY-ST-ZIP FT LAUDERDALE, FL 33308</p>

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

Daytime Phone #

CR2E037 (9/99)