

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90004 047 ****61.25

DOCUMENT # N97000005772

1. Entity Name
SAFETY AND ACCOUNTABILITY FOR EVERYONE-TOGETHER.

Principal Place of Business 2544 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301	Mailing Address P.O. BOX 10087 TALLAHASSEE FL 32302-2087
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3475732		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MEYER, RONALD G ESQ. 2544 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301				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 **\$5.00** May Be Added to Fees
Trust Fund Contribution.

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAPLOWE, SUSIE			NAME	KELLY, KATHERINE		
STREET ADDRESS	P.O. BOX 1201 N/A			STREET ADDRESS	160 ROYAL PALM WAY		
CITY-ST-ZIP	TALLAHASSEE FL 32302-2101			CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE	WCD	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HENDRICKSON, DAN			NAME	HOWEY, JOHN		
STREET ADDRESS	P.O. BOX 1201 N/A			STREET ADDRESS	5060 S. LINCOLN CIRCLE		
CITY-ST-ZIP	TALLAHASSEE FL 32302-1201			CITY-ST-ZIP	JACKSONVILLE, FL 32209		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AVERA, MARK			NAME	CARLSTEDT, CLIFF		
STREET ADDRESS	305 SE SECOND AVE			STREET ADDRESS	770 S. PALM AVENUE #1808		
CITY-ST-ZIP	GAINESVILLE FL 32602			CITY-ST-ZIP	SARASOTA, FL 34236		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VON GLINSKEY, STEPHANIE			NAME	WOODALL, KAREN		
STREET ADDRESS	18 CAMELIA DRIVE			STREET ADDRESS	579-B E. CALL STREET		
CITY-ST-ZIP	ORMOND BEACH FL 32176			CITY-ST-ZIP	TALLAHASSEE, FL 32301		
TITLE	D	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALLEN, ELSIE			NAME	JOHNSON, MELDY		
STREET ADDRESS	1910 N W 53RD AVENUE			STREET ADDRESS	2288 GRASSROOTS WAY		
CITY-ST-ZIP	GAINESVILLE FL 32606			CITY-ST-ZIP	TALLAHASSEE, FL 32311		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHALEN, TOM			NAME			
STREET ADDRESS	200 ANCHORS LAKE DRIVE NORTH			STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			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: SIGNATURE REQUIRED *5/1/00* *878-5212*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)