

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90073 031 \*\*\*150.00

**DOCUMENT # 480260**

1. Entity Name

**THE UNINSURED RELATIVE WORKSHOP, INC.**

Principal Place of Business

1645 NORTH LEXINGTON AVENUE  
 DELAND FL 32724

Mailing Address

1645 NORTH LEXINGTON AVENUE  
 DELAND FL 32724-2106

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

**59-1648274**

Applied For

Not Applicable

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

**BOOTH, WILLIAM R.**  
**2217 EAST NEW YORK AVENUE**  
**DELAND FL 32724**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                      | STREET ADDRESS                     | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|---------------------------|------------------------------------|------------------------|---------------------------------|
| PD    | <b>BOOTH, WILLIAM R.</b>  | <b>2217 E. NEW YORK AVENUE</b>     | <b>DELAND FL</b>       | <input type="checkbox"/>        |
| ST    | <b>WADSWORTH, GAIL, W</b> | <b>260 SHADY BRANCH TRAIL</b>      | <b>DELAND FL</b>       | <input type="checkbox"/>        |
| VP    | <b>DONLE, TK</b>          | <b>236 LAKE WINNEMISSETT DRIVE</b> | <b>DELAND FL 32724</b> | <input type="checkbox"/>        |
|       |                           |                                    |                        | <input type="checkbox"/>        |
|       |                           |                                    |                        | <input type="checkbox"/>        |
|       |                           |                                    |                        | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS                   | CITY-ST-ZIP                    | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|------|----------------------------------|--------------------------------|-------------------------------------|-----------------------------------|
|       |      | <b>5162 N. Ocean Shore Blvd.</b> | <b>Flagler Beach, FL 32136</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |      |                                  |                                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |      |                                  |                                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |      |                                  |                                | <input type="checkbox"/>            | <input type="checkbox"/>          |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

9047367589

Date

Daytime Phone #

CR2E034 (9/99)