

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90167 048 ***150.00

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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
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00046753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1648274		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					
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTH, WILLIAM R.			NAME			
STREET ADDRESS	2217 E. NEW YORK AVENUE			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL			CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WADSWORTH, GAIL, W			NAME	LYNN M. TOSH		
STREET ADDRESS	3162 N OCEAN SHORE BLVD			STREET ADDRESS	2589 EUSTACE AVE		
CITY-ST-ZIP	FLAGLER BEACH FL 32136			CITY-ST-ZIP	DELTONA, FL 32725		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONLE, TK			NAME			
STREET ADDRESS	236 LAKE WINNEMISSETT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Lynn M. Tosh, C.F.O. LYNN TOSH 4/11/01 386-736-7589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)