

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719687

1. Entity Name

THE NEW LIFE FOUNDATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90042 038 ****61.25

Principal Place of Business

HAMILTON OFFICE BLDG
6474 1ST AVE N
SAINT PETERSBURG FL 33710
US

Mailing Address

AMELIA HAMILTON, EXEC SEC
15801 REDINGTON DRIVE
REDINGTON BEACH FL 33708-1743
US

2. Principal Place of Business

WALTER W. HAMILTON, M.D.

3. Mailing Address

Suite, Apt. #, etc.

15801 REDINGTON DRIVE

City & State
REDINGTON BEACH, FL

City & State

Zip
33708-1743

Country
US

Zip

Country

4. FEI Number

23-7135093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRIPPENDORF, DONALD D C
14277 WALSINGHAM RD
11945 143RD STREET
LARGO FL 33774

7. Name and Address of New Registered Agent

Name

WALTER W. HAMILTON, M.D.

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

15801 REDINGTON DRIVE

REDINGTON BEACH

City

FL

Zip Code
33708

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

Walter W. Hamilton, MD PD

FEB. 9, 2000

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMILTON, WALTER MD	
STREET ADDRESS	15801 REDINGTON DRIVE	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KRIPPENDORF, DONALD DC	
STREET ADDRESS	4641 PARK STREET N	
CITY-ST-ZIP	ST PETERSSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAWLINGS, JOSEPH M	
STREET ADDRESS	723 S OREGON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: WALTER W. HAMILTON, MD PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 9, 2000 727-398-1021

Date

Daytime Phone #

CR2E037 (9/99)