

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90026 003 \*\*\*\*61.25

**DOCUMENT # 725538**

1. Entity Name

**REACH OUT, INC.**

Principal Place of Business

Mailing Address

**3034 ROCKINGHAM CIRCLE  
ORLANDO FL 32808****3034 ROCKINGHAM CIRCLE  
ORLANDO FL 32808-3311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7406356**

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

**MILHAM, JULEE LYNN  
7150 SUNSET WAY #401E  
ST. PETERSBURG FL 33706**

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  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	MILHAM, RICHARD J.	NAME	
STREET ADDRESS	3034 ROCKINGHAM CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	
TITLE	DVS	TITLE	
NAME	MILHAM, PEGGY B.	NAME	
STREET ADDRESS	3034 ROCKINGHAM CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GRISSOM, ALBERT E.	NAME	
STREET ADDRESS	2049 VAN BUREN ST.	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON NC 28401	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD J. MILHAM****Feb 28 2000****407-295-1397**

Date

Daytime Phone #

CR2E037 (9/99)