## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726680  1. Entity Name LIGHTHOUSE CHILDREN'S HOME, INC.					Feb 11, 2000 8:00 am Secretary of State 02-11-2000 90025 024 ****61.25		
Principal Place 7771 MAHAN R TALLAHASSEE	į ROAD	Mailing Address 7771 MAHAN ROAD TALLAHASSEE FL 32308-141	7				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE		
City & State		City & State		4. FEI Numt	4. FEI Number Applied For		pplied For
Zip	Country	Zip	Country	5. Certificati	<b>59-1725801</b> e of Status Desired	\$8.75 Ac	
	6. Name and Address of Current  K, FRED C. ISE STREET SSEE FL 32304	Registered Agent	Name Street Ad	7. Name an Billy Hudso ddress (P.O. Box Numb  1301 Lakesi Tallahassee	per is Not Acceptable)		
8. The above	named entity submits this statement for Bull Hudso Signature, typed or printed name of registered agents	<u></u>		registered agent, or bo	oth, in the state of Floric	DATE	
	FILE NOW: FEE IS \$61.25	9. Election Campaign I Trust Fund Contribut		\$5.00 May Be Added to Fees		Check Payable tartment of State	0
10.		Trust Fund Contribut		Added to Fees		artment of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEE IS \$61.25  OFFICERS AND DIF  D BEACH, ROBERT ROUTE 4, BOX 161	Trust Fund Contribut	11. TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CH TD Lamar Willia 3220 Crawfor	Department of the Department o	artment of State	
TITLE NAME STREET ADDRESS	FEE IS \$61.25  OFFICERS AND DIF  D BEACH, ROBERT ROUTE 4, BOX 161 QUINCY FL D BROWN, GARY 2465 THORNTON ROAD	Trust Fund Contribut	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS	Added to Fees  ADDITIONS/CI TD Lamar Willia 3220 Crawfor Tallahassee, PD Billy Hudsor 1301 Lakesio	Department of the property of	AND DIRECTORS I Change	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FEE IS \$61.25  OFFICERS AND DIF  D BEACH, ROBERT ROUTE 4, BOX 161 QUINCY FL D BROWN, GARY	Trust Fund Contribut	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CI TD Lamar Willia 3220 Crawfor Tallahassee, PD Billy Hudsor 1301 Lakesic Tallahassee, VPD Kelly Burke 10873 Wadesh	Department of the DR. FL 32303	AND DIRECTORS I Change	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FEE IS \$61.25  OFFICERS AND DIF  D BEACH, ROBERT ROUTE 4, BOX 161 QUINCY FL D BROWN, GARY 2465 THORNTON ROAD TALLAHASSEE FL SD KIRKLAND, GLEN 1018 OLD ALBANY ROAD	Trust Fund Contribut	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CI TD Lamar Willia 3220 Crawfor Tallahassee, PD. Billy Hudsor 1301 Lakesic Tallahassee, VPD Kelly Burke 10873 Wadesh Tallahassee, 0 Daryl Yoder 4368 County	HANGES TO OFFICERS  TO STATE OF THE STATE OF	AND DIRECTORS I Change Change	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	FEE IS \$61.25  OFFICERS AND DIF  D BEACH, ROBERT ROUTE 4, BOX 161 QUINCY FL D BROWN, GARY 2465 THORNTON ROAD TALLAHASSEE FL SO KIRKLAND, GLEN 1018 OLD ALBANY ROAD THOMASVILLE GA D NEWTON, BILL 5036 CENTENNIAL CIRCLE	Trust Fund Contribut  ECTORS  Delete  Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CI TD Lamar Willia 3220 Crawfor Tallahassee, PD Billy Hudsor 1301 Lakesic Tallahassee, VPD Kelly Burke 10873 Wadesh Tallahassee, 0 Daryl Yoder	Department of the property of	AND DIRECTORS I Change Change	N 10

12. I hereby certify that the information supplied with this filling 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:

SULLY VICES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>2-7-00</u>

DII DD

<u>850 877 3778</u>