

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735320

1. Entity Name

HERE'S LIFE, JACKSONVILLE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90130 004 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8421 BAYMEADOWS WAY #3 JACKSONVILLE FL 32256-8223 US	Mailing Address 8421 BAYMEADOWS WAY #3 JACKSONVILLE FL 32256-8223 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1707033	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

YOUNG, JIM
 7693 LAS PALMAS WAY
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

**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 D <input type="checkbox"/> Delete	NAME FREEMAN, HENRY STREET ADDRESS 4737 CARLISLE RD. CITY-ST-ZIP JACKSONVILLE FL 32210
TITLE D <input type="checkbox"/> Delete	NAME YOUNG, JIM STREET ADDRESS 7693 LAS PALMAS WAY CITY-ST-ZIP JACKSONVILLE FL 32256
TITLE D <input type="checkbox"/> Delete	NAME CRENSHAW, MACK STREET ADDRESS 3855 ST. JOHNS AVENUE CITY-ST-ZIP JACKSONVILLE FL 32205
TITLE VCD <input type="checkbox"/> Delete	NAME BEEHNER, JOHN STREET ADDRESS 2913 BERNICE DR CITY-ST-ZIP JACKSONVILLE FL 32257
TITLE SD <input type="checkbox"/> Delete	NAME PERRY, JOHN STREET ADDRESS 2451 S PONTE VEDRA BLVD CITY-ST-ZIP PONTE VEDRA BCH FL 32082
TITLE TD <input type="checkbox"/> Delete	NAME KLAHR, RICH STREET ADDRESS 3704 SAN VISCAYA DR CITY-ST-ZIP JACKSONVILLE FL 32217

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
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: Jim Young **Jim Young** **1-19-00** **904-731-9452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)