

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90067 033 \*\*\*\*61.25

0013562

**DOCUMENT # 735320**

1. Entity Name

**HERE'S LIFE, JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

8421 BAYMEADOWS WAY  
 #3  
 JACKSONVILLE FL 32256-8223  
 US

8421 BAYMEADOWS WAY  
 #3  
 JACKSONVILLE FL 32256-8223  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1707033**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, JIM**  
**7693 LAS PALMAS WAY**  
**JACKSONVILLE FL 32256**

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:**  
**FEES 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	FREEMAN, HENRY	4737 CARLISLE RD.	JACKSONVILLE FL 32210	<input type="checkbox"/>	D	David Strathmann	11374 Tacito Creek Dr S	Jax FL 32223-7933	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	YOUNG, JIM	7693 LAS PALMAS WAY	JACKSONVILLE FL 32256	<input type="checkbox"/>	D	Ms. Nancy Ulrich	61 Fox Valley Dr.	Orange Park, FL 32073	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CRENSHAW, MACK	3855 ST. JOHNS AVENUE	JACKSONVILLE FL 32205	<input type="checkbox"/>	D	Paul Cury	35 Ramona St.	Ponte Vedra, FL 32082-2820	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VCD	BEEHNER, JOHN	2913 BERNICE DR	JACKSONVILLE FL 32257	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	PERRY, JOHN	2451 S PONTE VEDRA BLVD	PONTE VEDRA BCH FL 32082	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TO	KLAHR, RICH	3704 SAN VISCAYA DR	JACKSONVILLE FL 32217	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-01 904-733-9452

CR2E037 (10/00)