

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-08-2002 90158 026 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735320

1. Entity Name

HERE'S LIFE JACKSONVILLE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8421 Baymeadows Way

Suite, Apt. #, etc.

Suite #3

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

4. FEI Number

59-1707033

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Paul Cuny

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

272 Solana Road

City Ponte Vedra

FL

Zip Code

32082

DO-NOT-WRITE
IN THIS SPACE

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

Paul Cuny, Chairman

6/21/02

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	D - Paul Cuny 272 Solana Road Ponte Vedra, FL 322082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - Don Roberts 13833 Fiddlers Point Dr. Jacksonville, FL 32225	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - John Perry 105 Ocean's Edge Dr. Ponte Vedra, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - Nancy Ulrich 1329 Kingsley Ave., Ste. A Orange Park, FL 32073	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 CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other title empowered.

SIGNATURE:

Paul Cuny, Chairman

6/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/285-1118

2002 UNIFORM BUSINESS REPORT (UBR)

5/8/2002-90158-026-\$61.25-\$61.25

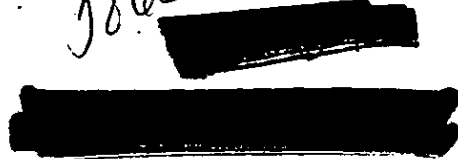
DOCUMENT # **735320**

Entity Name
HERE'S LIFE, JACKSONVILLE, INC.

Attachment
38630

Principal Place of Business
8421 BAYMEADOWS WAY #3 JACKSONVILLE FL 32256-8223 US

Mailing Address
8421 BAYMEADOWS WAY #3 JACKSONVILLE FL 32256-8223 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1707033** 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

**YOUNG, JIM
7802 LAS PALMAS WAY
JACKSONVILLE FL 32296**

*Paul Cuny
Castle Builders
272 Solana Re.
Dante Vedra Beach
FL 32084*

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

City State Zip Code
FL

8. The above named entity submits this statement for the purpose of appointing, resigning, or removing an officer or registered agent, or both, in the state of Florida.

SIGNATURE
Paul Cuny

DATE
July 9, 2002

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, director, or member of the corporation or the incorporator or the person authorized 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: *Paul Cuny*

DATE: *4/23/02*
DAYTIME PHONE: *0737 X1351*

Apr/18/2002

LAST	FIRST	SPOUSE/ FI HOME	WORK	FAXPHONE	HLJ BOARD MEMBERS	STREET	CITY	ST ZIP
Crenshaw	Mack	Opnie	278-4760	359-6436		3855 St. Johns Avenue	Jacksonville	FL 32205
Cuny	Paul	Gari	285-1118	285-1244		272 Solana Road	Ponte Vedra	FL 32082
Dawkins	Ed	Faye	264-3412			2918 Myra St.	Jacksonville	FL 32205
England	Jim	Bobbe	642-8990	646-9485		12024 Massive Oaks Ct.	Jacksonville	FL 32223
Freeman	Henry	Yvonne	work 281-9022			P.O. Box 114	Jacksonville	FL 32201
Geismath	Ben	Steve	904-737-0057	904-448-8337		6172 Spring Glen Road	Jacksonville	FL 32204
Klahr	Rich	Mary	387-4040, ex 387-4670			3704 San Viscaya Dr.	Jacksonville	FL 32217
Lewis	Candace	Barb	768-7779	768-0877		10596-14 Lem Turner Rd.	Jacksonville	FL 32218
Perry	John	Katherine	860-5682 (cel)	829-0272		105 Ocean's Edge Dr.	Ponte Vedra	FL 32082
Roberts	Don	Judi	332-7700	296-0457		13833 Fiddlers Point Dr.	Jacksonville	FL 32225
Strathman	David	Adrea	374-0199	262-3166		11374 Tacito Creek Dr. S.	Jacksonville	FL 32223
Thomas	Kellett	399-0944	399-3552			3943 Barcelona Ave.	Jacksonville	FL 32223
Ulrich	Nancy	272-1146	264-5582			1329 Kingsley Ave., Ste. A	Orange Park	FL 32073
Wilson	Robin	887-1833 (cel)	399-1012	399-1014		2715 Atlantic Blvd.	Jacksonville	FL 32207
Woods	Verdun	Janeesa	954-2256	695-2034		135 Ridgerfield Ct.	Jacksonville	FL 32207
Young	Jim	Ann	731-9452	448-4677		7693 Las Palmas Way	Jacksonville	FL 32256

SPOUSE/ FI HOME

WORK

FAXPHONE

HLJ BOARD MEMBERS

STREET

CITY

ST ZIP

Officers

- Chairman - Paul Cuny
- First V. Chairman - Don Roberts
- 2nd V. Chairman - John Perry
- Sec'y. / Treasurer - Nancy Ulrich

ATTACHMENT

735320

38630





Attachment
Document #

735320

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

38630

June 7, 2002

HERE'S LIFE, JACKSONVILLE, INC.
C/O PAUL CUNY, CASTLE BUILDERS
272 SOLANA RD.
PONTE VEDRA BEACH, FL 32082 US

SUBJECT: HERE'S LIFE, JACKSONVILLE, INC.
Ref. Number: 735320

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following:

The new registered agent must sign accepting the designation.

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 10 or 11. Use a "D" or "T" to designate the title.

Please note that if all of the "Board Members" are "directors", please add a "D" by each persons title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 602A00037769

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314