

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739260

1. Entity Name

SHARE WITH A NEIGHBOR, INC.

Principal Place of Business

19200 S.W. 29TH STREET
DUNNELLO FL 34432

Mailing Address

19200 S.W. 29TH STREET
DUNNELLO FL 34432-1615

2. Principal Place of Business

19200 SW 29th St
Suite, Apt. #, etc.

3. Mailing Address

Same as above
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1740340

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIEDRICKS, GEORGE F
19200 SW 29TH STREET
DUNNELLO FL 34432

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	P	<input type="checkbox"/> Delete
NAME	DIEDRICKS, GEORGE F	
STREET ADDRESS	19200 SW 29TH STREET	
CITY-ST-ZIP	DUNNELLO FL 34432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ASHCRAFT, SARA	
STREET ADDRESS	19200 SW 29TH ST COTTAGE #2	
CITY-ST-ZIP	DUNNELLO FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUENCHAUSEN, CATHY	
STREET ADDRESS	8726 SW 111TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGIRR, MARLENE	
STREET ADDRESS	7200 SW 8TH AVENUE APT. 2	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEHR, ROBERT	
STREET ADDRESS	4040 S.W. 189 AVENUE	
CITY-ST-ZIP	DUNNELLO FL 34432	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, DOROTHY A	
STREET ADDRESS	19200 SW 29TH STREET	
CITY-ST-ZIP	DUNNELLO FL 34432	

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	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE, THOMAS	
STREET ADDRESS	19200 SW 29th ST.	
CITY-ST-ZIP	DUNNELLO FL 34432	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90102 041 ****70.00

DO NOT WRITE IN THIS SPACE

CR2E037 (9/93)