

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744098

1. Entity Name

HIS WAY, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90062 036 ****61.25

Principal Place of Business

Mailing Address

~~5200 S US HWY. 17/92~~
CASSELBERRY FL 32707-3845

~~5200 S US HWY. 17/92~~
CASSELBERRY FL 32707-3845



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o D Freeman

c/o D Freeman

Suite, Apt. #, etc:

Suite, Apt. #, etc.

5250 S US HWY 17/92

5250 S US HWY 17/92

City & State

City & State

4. FEI Number

59-1854374

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FREEMAN, DANIEL C JR

~~5200 S US HWY. 17/92~~

CASSELBERRY FL 32707-3845

Name

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

5250 S US HWY 17/92

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

Daniel C Freeman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/15/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME BROWN, B G

STREET ADDRESS ~~535 NW 1250~~

CITY-ST-ZIP ~~CHILHOWEE MO 64700~~

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

196 NW Hwy M
Clinton MO 64735

TITLE D ☐ Delete

NAME BROWN, DIANE M

STREET ADDRESS ~~535 NW 1250~~

CITY-ST-ZIP ~~CHILHOWEE MO 64700~~

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

196 NW Hwy M
Clinton MO 64735

TITLE DT ☒ Delete

NAME CALLAGHAN, LEORA A
STREET ADDRESS 126 SPANISH MOSS CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DV ☐ Delete

NAME RINER, BRUCE
STREET ADDRESS 919 GRAN PASEO
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

DS
PAT McDONNELL
1707 Bunker Hill Ct
Orlando FL 32807

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

DT
CHERYL HENDERSON
4966 WHALERS WAY
ORLANDO FL 32822

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: *B. G. SIBINATHIXE BEAL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 660/890-2914

Date

Daytime Phone #

CR2E037 (9/99)