

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766222  
1. Entity Name  
LODESTAR SHELTER, INC.

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**

06-14-2000 90003 004 \*\*\*\*61.25

Principal Place of Business Mailing Address  
P.O. BOX 994  
MENA, AR 71953

2. Principal Place of Business same  
Suite, Apt. #, etc. n/a

3. Mailing Address same  
Suite, Apt. #, etc. n/a

City & State same

City & State same

Zip 71953 Country USA

Zip Country

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Jennifer Pace  
2316 53rd St.  
Sarasota, FL 34234

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP  
PRESIDENT/DIRECTOR VICTORIA M. ANDREWS P.O. BOX 994 MENA, AR 71953  
VICE-PRESIDENT/DIRECTOR JENNIFER PACE 2316 53rd St. Sarasota, FL 34234  
SECRETARY JANE THOMAS 337 POLK RD 228 COVE, AR 71937  
TREASURER VICTORIA M. ANDREWS P.O. BOX 994 MENA, AR 71953

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VICE PRESIDENT/DIRECTOR DEBRA FORD 441 ELLIS RD. POTTSVILLE, AR 72858

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: VICTORIA M. ANDREWS VICTORIA M. ANDREWS (870) 387-5132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)