

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770334

1. Entity Name

RIGHT TO LIFE OF NORTHEAST FLORIDA, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90432 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6316 SAN JUAN AVE.  
 SUITE 13B  
 JACKSONVILLE FL 32210-2883

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 SUITE 13B  
 JACKSONVILLE FL 32210-2883

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2566520

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

JOHNSTON, BETTY C  
 6316 SAN JUAN AVE.  
 SUITE 13B  
 JACKSONVILLE FL 32210-2883

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME JOHNSTON, BETTY C  
 STREET ADDRESS 217 DRURY ROAD  
 CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME TYSON, CAROL  
 STREET ADDRESS 1803 WOFFARD ST  
 CITY-ST-ZIP JAX FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME HILL, JUDY  
 STREET ADDRESS 1849 HARVESTER ST  
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE STD ☒ Change ☐ Addition  
 NAME Frances Dees  
 STREET ADDRESS 1411 Gailwood Circle  
 CITY-ST-ZIP Jacksonville, FL 32218

TITLE SD ☒ Delete  
 NAME GAUDRY, KAREN  
 STREET ADDRESS 5150 MARLENE DR  
 CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(284)  
 695-2207

Date

Daytime Phone #

CR2E037 (9/99)