

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90142 021 ****61.25

DOCUMENT # F01000000594

1. Entity Name

CHANGING LIVES FOUNDATION, INC.

Principal Place of Business

Mailing Address

16500 VIA VENETIA EAST
 DELRAY BEACH FL 33484

16500 VIA VENETIA EAST
 DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

WILLOW 5298 CR 114

5298 CR 114

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Willow, Florida

City & State

Willow, Florida

Zip

32159

Country

USA

Zip

32159

Country

USA

4. FEI Number

11-3287519

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

LIEBERMAN, ADAM
 16500 VIA VENETIA EAST
 DELRAY BEACH FL 33484

Name ADAM LIEBERMAN

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

104 TARA OAK CIRCLE

City

Lady Lake

FL

Zip Code

32159

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

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 PC
 NAME LIEBERMAN, ADAM
 STREET ADDRESS 16500 VIA VENETIA EAST
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE
 NAME
 STREET ADDRESS 104 TARA OAK CIRCLE
 CITY-ST-ZIP LADY LAKE, FL 32159

TITLE VS
 NAME LIEBERMAN, DAVID
 STREET ADDRESS 20196 OCEAN KEY DRIVE
 CITY-ST-ZIP BOCA RATON FL 33498

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME LIEBERMAN, ROBERT
 STREET ADDRESS 198 WOODBINE ROAD
 CITY-ST-ZIP ROSLYN HEIGHT NY 11577

TITLE
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 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

Date

Daytime Phone #

[Signature] 352-209-3915

CR2E037 (9/01)