

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90009 033 \*\*\*\*70.00

**DOCUMENT # F96000002907**

1. Entity Name

**FLI, INC.**

**A0011618**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
75 NE 6TH AVE., STE. 114 DELRAY BEACH FL 33483		75 NE 6TH AVE., STE. 114 DELRAY BEACH FL 33483-5452	
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 **65-0694625** 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	
<b>RUTH HARRIS-SHAW</b> <b>75 N.E. 6TH AVE #114</b> <b>DELRAY BEACH FL 33483</b>		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 N/A DATE 01-19-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>ED</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS-SHAW, RUTH</b>	NAME	<b>SNYDER, JULIAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>75 NE 6TH AVE., STE. 114</b>	STREET ADDRESS	<b>9057 ELLIOTTSVILLE AVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	CITY-ST-ZIP	<b>ATHENS GA 30601</b>
TITLE	<del>XXXXX</del> <input checked="" type="checkbox"/> Delete	TITLE	<del>ST</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SNYDER, JULIAN</del>	NAME	<b>RICHARD MEBANE</b>
STREET ADDRESS	<del>9057 ELLIOTTSVILLE AVE</del>	STREET ADDRESS	<b>4750 N.E. 22nd Avenue</b>
CITY-ST-ZIP	<del>ATHENS GA 30601</del>	CITY-ST-ZIP	<b>LIGHTHOUSE POINT, FL 33064</b>
TITLE	<del>DST</del> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HARRIS, JOHN</del>	NAME	<b>ROBERT DELMONTIQUE</b>
STREET ADDRESS	<del>105 BURNING TREE LANE</del>	STREET ADDRESS	<b>23000 FRIAR STREET</b>
CITY-ST-ZIP	<del>BOCA RATON FL 33431</del>	CITY-ST-ZIP	<b>WOODLAND HILLS, CA 91367</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSHOLDER, GRACE W</b>	NAME	<b>RUBIN MURRAY</b>
STREET ADDRESS	<b>816 MOTT ST</b>	STREET ADDRESS	<b>P.O. Box 30469</b>
CITY-ST-ZIP	<b>KENDALLVILLE IN 46755</b>	CITY-ST-ZIP	<b>LOS ANGELES, CA 90034</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBIN, MURRAY</b>	NAME	
STREET ADDRESS	<b>PO BOX 30469</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA 90034</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>GAZZARA, ELKE</b>	NAME	
STREET ADDRESS	<b>1080 MADISON AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW NY 10088</b>	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: RUTH HARRIS-SHAW DATE: 1/20/2000 DAYTIME PHONE: 561-266-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR