

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006268

1. Entity Name

ASSOCIATION FOR BETTER LIVING AND EDUCATION, INC

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90083 014 ****61.25

Principal Place of Business

Mailing Address

6331 HOLLYWOOD BLVD #700
LOS ANGELES CA 90028-6313

6331 HOLLYWOOD BLVD #700
LOS ANGELES CA 90028-6313

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

95-4188814

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

JOHNSON, ROBERT
100 NORTH TAMPA STREET, STE 3500
TAMPA FL 33602

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 ☐ Delete
NAME P
STREET ADDRESS WEINBERG, RENA
CITY-ST-ZIP 6331 HOLLYWOOD BLVD #700
LOS ANGELES CA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WHITTLE, CATHERINE
CITY-ST-ZIP 6331 HOLLYWOOD BLVD., #700
LOS ANGELES CA

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

TITLE ☐ Delete
NAME S
STREET ADDRESS BYRNE, GWENDA
CITY-ST-ZIP 6331 HOLLYWOOD BLVD #700
LOS ANGELES CA

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

TITLE ☒ Delete
NAME T
STREET ADDRESS TOFIL, JOHN
CITY-ST-ZIP 6331 HOLLYWOOD BLVD #700
LOS ANGELES CA 90028

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **TOFIL, JOAN**
CITY-ST-ZIP **6331 HOLLYWOOD BLVD #700**
LOS ANGELES CA 90028

TITLE ☐ Delete
NAME D
STREET ADDRESS FEAR, RICHARD
CITY-ST-ZIP 6331 HOLLYWOOD BLVD., #700
LOS ANGELES CA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MURPHY, SHERRY
CITY-ST-ZIP 1704 IVAR
LOS ANGELES CA

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
GWENDA BYRNE

29 JAN 2000 (322) 960 3530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)