

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001284

1. Entity Name

GUIDELINES FOR LIVING, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90065 009 ****61.25

Principal Place of Business

Mailing Address

26076 GETTY DR
LAGUNA NIGUEL CA 92677

26076 GETTY DR
LAGUNA NIGUEL CA 92677-1208

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

84-0574141

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

HANCOCK, TRUETT
1513 OBERLIN TERRACE
LAKE MARY FL 32746

Name **DICK FLORENCE**

Street Address (P.O. Box Number is Not Acceptable)
5800 100th Way NORTH

City **St. Petersburg,**

FL

Zip Code **33708**

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

3/14/00

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 **C** ☐ Delete
NAME **SALA, ORVILLE E**
STREET ADDRESS **2200 S. MADISON ST**
CITY-ST-ZIP **DENVER CO 80210**

TITLE **T.** ☐ Change ☒ Addition
NAME **WARREN CLARK**
STREET ADDRESS **8026 SO. YANCE COURT**
CITY-ST-ZIP **LITTLETON, CO. 80123**

TITLE **D** ☐ Delete
NAME **BERINGER, TONY**
STREET ADDRESS **3 TRAFALGAR**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

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

TITLE **D** ☒ Delete
NAME **CRADDICK, DONALD**
STREET ADDRESS **4446 BEACONSFIELD CT**
CITY-ST-ZIP **WESTLAKE VILLAGE CA 91361**

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

TITLE **D** ☐ Delete
NAME **HENDERSON, RICHARD**
STREET ADDRESS **18 COPPS HILL**
CITY-ST-ZIP **LAGUNA NIGUEL CA 92677**

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

TITLE **P** ☐ Delete
NAME **SALA, HAROLD J PH.D.**
STREET ADDRESS **12 WINDGATE**
CITY-ST-ZIP **MISSION VIEJO CA 92692**

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

TITLE **S** ☐ Delete
NAME **DAVIS, WESLEY**
STREET ADDRESS **9 REGALO**
CITY-ST-ZIP **MISSION VIEJO CA 92692**

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

HAROLD J. SALA

Date

Daytime Phone #

3/14/00 (949) 582-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)