

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # F98000001284**1. Entity Name
GUIDELINES FOR LIVING, INC.

Principal Place of Business 26076 GETTY DR LAGUNA NIGUEL CA 92677	Mailing Address 26076 GETTY DR LAGUNA NIGUEL CA 92677
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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
84-0574141Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFLORENCE DICK
5800 100TH WAY NORTHSAINT PETERSBURG FL
33708 US**7. Name and Address of New Registered Agent**

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 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**

TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS WESLEY	
STREET ADDRESS	9 REGALO	
CITY-ST-ZIP	MISSION VIEJO CA 92692	
TITLE	P	<input type="checkbox"/> Delete
NAME	SALA HAROLD JPH.D.	
STREET ADDRESS	12 WINDGATE	
CITY-ST-ZIP	MISSION VIEJO CA 92692	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON RICHARD	
STREET ADDRESS	18 COPPS HILL	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK WARREN	
STREET ADDRESS	8026 S VANCE CT	
CITY-ST-ZIP	LITTLETON CO 80123	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERINGER TONY	
STREET ADDRESS	3 TRAFALGAR	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	C	<input type="checkbox"/> Delete
NAME	SALA ORVILLE E	
STREET ADDRESS	2200 S. MADISON ST	
CITY-ST-ZIP	DENVER CO 80210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: Harold J. Sala

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05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

**MR. BOB WEST
78870 MERIDIAN WAY**

LAQUINTA, CA 92253, DIRECTOR

**MR. JOHN WEST, DIRECTOR
23382 VIA CHIRIPA**

MISSION VIEJO, CA 92691