

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
 02-01-2000 90048 032 ***150.00

DOCUMENT # F98000004815

1. Entity Name

RELATIONAL RESOURCES, INC.

Principal Place of Business

**4542 HWY. 129 N.
 CLEVELAND GA 30528**

Mailing Address

**P.O. BOX 1810
 ELMERS FL 34680-1810**

2. Principal Place of Business

5040 SOUTHSORE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWPORT RICHEY FL

City & State

4. FEI Number

58-1935666

Applied For
 Not Applicable

Zip

34652

Country

USA

Zip

Country

5. Certificate of Status Desired. ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, KATHLEEN L
 3315 ELMERS PKWY
 NEWPORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name

PHILLIPS, KATHLEEN L.

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

5040 SOUTHSORE DR

City

NEWPORT RICHEY

FL

Zip Code

34652

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

Kathleen L Phillips

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CPT** ☐ Delete
 NAME **PHILLIPS, KATHLEEN L**
 STREET ADDRESS **3315 ELMERS PKWY.**
 CITY-ST-ZIP **NEWPORT RICHEY FL 34655**

TITLE **CVS** ☐ Delete
 NAME **PHILLIPS, RICHARD G**
 STREET ADDRESS **3315 ELMERS PKWY.**
 CITY-ST-ZIP **NEWPORT RICHEY FL 34655**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

K L Phillips **CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 727 845 154