

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90064 023 ****61.25

DOCUMENT # **N00000000216 ✓**
 1. Entity Name
LIFESTREAM JACKSONVILLE, INC

Principal Place of Business Mailing Address
6015 CHESTER CIR. #111
JACKSONVILLE, FL. 32217

00022828

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6015 CHESTER CIR **6015 Chester Cir**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#111 **#111**

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE, FL**
 Zip Country Zip Country
32217 USA **32217 USA**

4. FEI Number Applied For
59-3580409 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
 Name **NANCY ALTMAN**
 Street Address (P.O. Box Number is Not Acceptable)
6015 CHESTER CIR. #111
 City **JACKSONVILLE** **FL** Zip Code **32217**

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 *Nancy H. Altman* **2/26/01**
 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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY DIRECTOR DAWN WILSON LEMASTERS 253 Shore Bluff Ct PONTEVLEXIA; BHT FL. 32082 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition REGINA MCCANN 6015 Chester Cir #111 JACKSONVILLE, FL. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OF BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NANCY H. ALTMAN 1142 MORVENWOOD LN JACKSONVILLE, FL. 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Regina McCann* **REGINA MCCANN** **2/27/01** **904-737-4565**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)