

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 13, 2001 8:00 am
Secretary of State

01-29-2001 90079 011 ****70.00

DOCUMENT # N00000001022
 1. Entity Name
FINDING ALTERNATIVES THAT INITIATE AND TRANSFORM

Principal Place of Business Mailing Address
 1629 S.E. HAWTHORNE ROAD 1629 S.E. HAWTHORNE ROAD
 GAINESVILLE FL 32641 GAINESVILLE FL 32641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1629 S.E. Hawthorne Rd. Same
 Suite, Apt. #, etc. Same
 Gainesville Gainesville
 City & State FL City & State Same
 Zip 32641 Country U.S.

4. FEL Number 59-3627366 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCRAE, ANDREW SR
 1629 S.E. HAWTHORNE ROAD
 GAINESVILLE FL 32641

7. Name and Address of New Registered Agent
 Name ANDREW MCRAE, SR.
 Street Address (P.O. Box Number is Not Acceptable) 1629 S.E. Hawthorne Rd.
 Hawthorne, Rd.
 City Gainesville FL Zip Code 32641

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 Andrew McRae, Sr. DATE 2-17-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ISAMC P. BRANTLEY - D	
STREET ADDRESS	8620-79 N.W. 13 ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	PATRICK BROWN - T	
STREET ADDRESS	1811 ROGERS RD.	
CITY-ST-ZIP	JACKSONVILLE, FLA 32211	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Joyce E. Perry - T	
STREET ADDRESS	119 N.E. 20 ST.	
CITY-ST-ZIP	GAINESVILLE, FLA 32641	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Kimberly Kelsey - T	
STREET ADDRESS	1811 ROGERS ROAD	
CITY-ST-ZIP	JACKSONVILLE, FLA 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
NAME		
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)(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: Andrew McRae, Sr. DATE 2-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)