

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003398

1. Entity Name

PEOPLE REACHING OUT, INC.

**FILED**  
May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90055 043 \*\*\*\*61.25

Principal Place of Business

RTE. 2, BOX 6-D  
SANDERSON FL 32087

Mailing Address

RTE. 2, BOX 6-D  
SANDERSON FL 32087

2. Principal Place of Business

14070 E.J. PAIGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

14070 E.J. PAIGE ROAD

Suite, Apt. #, etc.

City & State

SANDERSON, FLORIDA

Zip

32087

Country

USA

City & State

SANDERSON, FLORIDA

Zip

32087

Country

USA

4. FEI Number

59-3636761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, JOANN H  
RTE. 2, BOX 6-D  
SANDERSON FL 32087

7. Name and Address of New Registered Agent

Name JOANN H. LEWIS

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

14070 E.J. PAIGE ROAD

City

SANDERSON,

FL

Zip Code

32087

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

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 P/C ☐ Delete

NAME GLEN CHERRY  
STREET ADDRESS 556 TIMBERLANE DRIVE  
CITY-ST-ZIP MACLENNY, FL 32063

TITLE P/D ☐ Delete

NAME LEONARD E. LEWIS  
STREET ADDRESS P.O. BOX 262  
CITY-ST-ZIP SANDERSON, FL 32087

TITLE T/D ☐ Delete

NAME SYLVIA WILLIAM  
STREET ADDRESS P.O. BOX 32  
CITY-ST-ZIP SANDERSON, FL 32087

TITLE S/D ☐ Delete

NAME ALMEDA WALLACE  
STREET ADDRESS P.O. BOX 368  
CITY-ST-ZIP SANDERSON, FL 32087

TITLE V/D ☐ Delete

NAME JOANN H. LEWIS  
STREET ADDRESS 14070 E.J. PAIGE ROAD  
CITY-ST-ZIP SANDERSON, FL 32087

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01

904-275-2948

CR2E037 (10/00)