

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005308

1. Entity Name

WE 2 HAVE PARENTAL RIGHTS FOUNDATION, INC.

Principal Place of Business

664 OAK HOLLOW WAY  
ALTAMONTE SPRINGS FL 32714

Mailing Address

664 OAK HOLLOW WAY  
ALTAMONTE SPRINGS FL 32714

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

59-3662024

Applied For

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

COONS-ANDERSON, LISA

664 OAK HOLLOW WAY  
ALTAMONTE SPRINGS FL 32714

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

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  
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
LISA COONS-ANDERSON  
664 OAK HOLLOW WAY  
ALTAMONTE SPRINGS, FL 32714 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PAT FREEMAN  
VICE-PRESIDENT  
962 Southridge Trail  
ALTAMONTE SPRINGS, FL 32714 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
CAROL WOMACK  
520262 PO BOX  
LONGWOOD, FL 32752 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

*[Signature]*

8-20-01

407-415-1990

FILED  
Aug 31, 2001 8:00 am  
Secretary of State

05-02-2001 90026 035 \*\*\*\*70.00

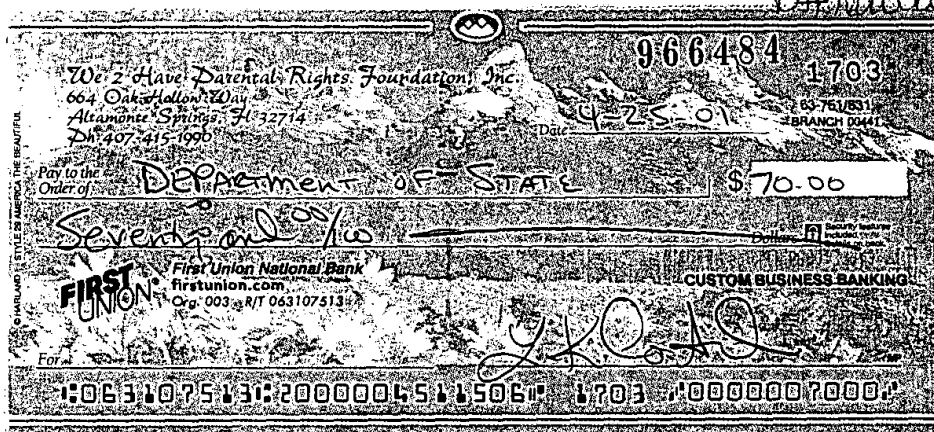


DO NOT WRITE IN THIS SPACE

0000382

5035-40

CR2E037 (5/01)



8-20-01

Check already mailed to  
STATE & cleared bank -

Here is the completed form  
as requested w/ 3 directors -

*[Signature]*  
Lisa Carr-Anderson

**ENDORSE HERE:**

**FOR DEPOSIT ONLY**

AGCT#-1009068796

DO NOT SIGN / WRITE / STAMP ON THIS LINE


OR MAY 02 2005

BANK OF AMERICA, NA  
10630000470 E5742

1. The first step is to identify the key components of the system. This includes the hardware, software, and data.

401

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

 The following security measures (and others not listed) exceed industry standards:

## Security Features

Security Screen

Microprint Signature Line

Chemical Conference

## Chemical Reactivity

**Bedrock Icons**

Padlock design is a certification mark of Check Payment Systems Association.