

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90004 023 ****61.25

DOCUMENT # N00000006813

1. Entity Name

NEW LIFE DEVELOPMENT CORPORATION

Principal Place of Business

**1451 MT. HERMANS ST.
 JACKSONVILLE FL 32209**

Mailing Address

**1451 MT. HERMANS ST.
 JACKSONVILLE FL 32209**

772427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3673995

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

**BAKER, ROLAND
 11830 THORNAPPLE DR.
 JACKSONVILLE FL 32223**

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 *Roland Baker*

5-29-01

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

(NO 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **BAKER, ROLAND**
 STREET ADDRESS **11830 THORNAPPLE DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE **VD** ☐ Delete
 NAME **MCLEOD, CHARLES**
 STREET ADDRESS **1222 STEELE CT., #3**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **SD** ☐ Delete
 NAME **JOHNSON, ALFRED**
 STREET ADDRESS **7588 JOHN F. KENNEDY DR. EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **TD** ☐ Delete
 NAME **TURNER, FOSTER JR.**
 STREET ADDRESS **3230 ERNEST ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 no 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 empowerer

SIGNATURE: *Roland Baker, President*

5-29-01

(904)388-0577

CR2E037 (10/00)