

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90358 043 \*\*\*\*70.00

**DOCUMENT #**  
 1. Entity Name  
 N 00000007556  
 Second Chance, Inc

Principal Place of Business  
 5739 Abelia Rd  
 Jax, FL 32209

Mailing Address  
 PO Box 40614  
 Jax, FL 32203

2. Principal Place of Business  
 5739 Abelia Rd  
 Suite, Apt. #, etc.

3. Mailing Address  
 PO Box 40614  
 Suite, Apt. #, etc.

City & State  
 Jax, FL

City & State  
 Jax, FL

Zip  
 32209

Country  
 U.S.

Zip  
 32203

Country  
 U.S.

4. FEI Number  
 31-1755084

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7 75421

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Terry D. Samuels 5739 Abelia Rd Jax, FL 32209 error (SS)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Terry D. Samuels - D 5739 Abelia Rd Jax, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lillie Francis 2650 Dean Rd #19 Jax, FL 32216 error (AS)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lillie Francis - T 2650 Dean Rd #19 Jax, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary [Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gail Green - T 11515 Birch Forest Cir W Jax, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tara Walker 5739 Abelia Rd Jax, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]

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: Terry D. Samuels Terry D. Samuels - Pres 3-5-01 (904) 977-2569  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9203