

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

09-08-2003 90316 030 *****61.25
N01000000553

0000487

DOCUMENT # N01000000553

1. Entity Name

CELEBRATE LIFE, INC.



03 SEP 12 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1920 SW 72ND STREET
GAINESVILLE FL 32607

Mailing Address

PO BOX 1664
ALACHUA FL 32616-1664

2. Principal Place of Business

96 SHADYSIDE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOARDMAN, OH

City & State

4. FEI Number 59-3091981

Applied For

Not Applicable

Zip

44512

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

PHILPOT, JUDSON

1920 SW 72ND STREET
GAINESVILLE FL 32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

IRA J. PHILPOT

(NOTE: Registered Agent signature required when reinstating)

7/30/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME PHILPOT, IRA J
STREET ADDRESS 1920 SW 72ND STREET
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE VST
NAME WOODHULL, ANGELA
STREET ADDRESS 1920 SW 72ND STREET
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE D
NAME FALVO, LOUISE
STREET ADDRESS 9308 N ROME CIR
CITY-ST-ZIP TAMPA FL 33612 ☒ Delete

TITLE D
NAME HANSEN, DAVID
STREET ADDRESS 880 SR26
CITY-ST-ZIP MELROSE FL 32668 ☐ Delete

TITLE ~~REMOVED~~ D
NAME RICHARD FILISKY
STREET ADDRESS 858 PEARSON CIR #2
CITY-ST-ZIP BOARDMAN, OH 44512 ☐ Delete

TITLE D
NAME THOMAS SARAGO
STREET ADDRESS 3914 EDINBURGH DR
CITY-ST-ZIP YOUNGSTOWN, OH 44511 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ANITA DOLAK
NAME ANITA DOLAK
STREET ADDRESS 59 ARLENE AVE
CITY-ST-ZIP BOARDMAN, OH 44512 ☐ Change ☐ Addition

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

TITLE D
NAME LYNN WOLFE
STREET ADDRESS 2921 ROY ST
CITY-ST-ZIP YOUNGSTOWN, OH 44509 ☐ Change ☐ Addition

TITLE D
NAME RICHARD WOLFE
STREET ADDRESS 2921 ROY ST
CITY-ST-ZIP YOUNGSTOWN, OH 44509 ☐ Change ☐ Addition

TITLE ~~REMOVED~~
NAME ~~REMOVED~~
STREET ADDRESS ~~REMOVED~~
CITY-ST-ZIP ~~REMOVED~~ ☐ 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 REQUIRED

7/30/03

352-331-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (4/03)