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

DOCUMENT # N01000004167

1. Entity Name

BEKAH'S PLACE, INC.



FILED Jan 10, 2003 8:00 am § Secretary of State

01-10-2003 90020 018 ****61.25

			N. S. W.					
804 SWEETWATER CLUB BLVD		Mailing Address 804 SWEETWATER CLUB LONGWOOD FL 32779	804 SWEETWATER CLUB BLVD		ው ቤብብ ሊ ፡ው ው			
2 Princina	Il Place of Business	10 10 10						
		3. Mailing Address			ir ahi daha: Nian dahir adhi. Bakir di			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Numl	4. FEI Number 59-3725272 Applied For			
Zip	Country	Zip	Zip Country		e of Status Desired	¢0.75 .	Not Applicable	
	6. Name and Address of Current	Registered Agent	.L			Fee Requi		
	- Control of Control	riogiatered Agent	Name	7. Name an	d Address of New Registe	red Agent		
	S, GARY							
	EETWATER CLUB BLVD		Street Add	dress (P.O. Box Numb	per is Not Acceptable)			
LONGWOOD FL 32779								
			City			Zip Co	ide	
8. The above	ve named entity submits this statement for	the purpose of changing it	registered allian	· · · · · · · · · · · · · · · · · · ·		_, ,		
the oblig	re named entity submits this statement for ations of registered agent.	the purpose of changing is	s registered office or re	egistered agent, or bo	oth, in the State of Florida. 1	am familiar with	i, and accept	
	D-ru & l	00 = -	01.1	·	1/	3/03		
SIGNATURE	Signature, typed or printed name of registered agent a	um, car	E: Registered Agent signature	(ip 5		/ 0 /		
-	o rogistere agent a	(NO)	E: Registered Agent signature	required when reinstating)	DA	TE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Be Make Ch	eck Payable	to State	
10.					Tiona Set	Jai unent Oi	State	
TITLE	OFFICERS AND DIR		11.	ADDITIONS/CH	IANGES TO OFFICERS AND	DIRECTORS II	N 10	
NAME	PHILLIPS, LINDA S	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	804 SWEETWATER CLUB BLVD		STREET ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP					
TITLE	STD DUILLIDG CARV	☐ Delete	TITLE		<u> </u>	☐ Change	Addition	
NAME STREET ADDRESS	PHILLIPS, GARY 804 SWEETWATER CLUB BLVD		NAME					
CITY-ST-ZIP	LONGWOOD FL 32779		STREET ADDRESS					
TITLE	D	M	CITY-ST-ZIP	 				
NAME	GROCKE, PAM	🙇 Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	3199 YARMOUTH AVENUE		STREET ADDRESS					
CITY-ST-ZIP	DELTONA FL 32738		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	VP		☐ Change	Addition	
NAME STREET ADDRESS	TRUSS, JENNIFER		NAME			C change	AGUILIOII	
CITY-ST-ZIP	1544 KANGAROO COURT APOPKA FL 32712	•	STREET ADDRESS					
TITLE	D		CITY-ST-ZIP	 				
NAME	PHILLIPS, JERRY	Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	1983 BOGGY CREEK ROAD		STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL 34744	*	CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	<u> </u>	·			
NAME	FULTON, LAUREN		NAME			☐ Change	☐ Addition	
STREET ADDRESS	3650 SHAWNEE SHORES DRIVE		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32225	\$ T 1	CITY-ST-ZIP				ĺ	

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-782-3364