

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90118 003 ****70.00

DOCUMENT # NO1000006572

1. Entity Name

THE CENTRE FOR POSITIVE LIVING, INC.

Principal Place of Business

Mailing Address

204 SOUTH ORANGE STREET
 SEBRING FL 33870-3735

204 SOUTH ORANGE STREET
 SEBRING FL 33870-3735

2. Principal Place of Business

3. Mailing Address

204 S. ORANGE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

4. FEI Number

65-1159199

Applied For

Not Applicable

Zip

Country

33870

USA

Zip

Country

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

MCCLURE, JOHN K
 230 SOUTH COMMERCE AVENUE
 SEBRING FL 33870-3735

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

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 D ☐ Delete
 NAME CONYER, ANDREW
 STREET ADDRESS 4627 LAYFAYETTE AVENUE
 CITY-ST-ZIP SEBRING FL 33875

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

TITLE D ☐ Delete
 NAME BAIRD, J.D.
 STREET ADDRESS 124 NE LAKEVIEW DRIVE #6
 CITY-ST-ZIP SEBRING FL 33870

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

TITLE D ☐ Delete
 NAME CUMMINGS, SHERRILL
 STREET ADDRESS 6232 SUNRISE WAY
 CITY-ST-ZIP SEBRING FL 33875

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

TITLE D ☐ Delete
 NAME LOVELETTE, TERI
 STREET ADDRESS 38 HIDDEN HARBOR LANE
 CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE D ☐ Delete
 NAME PADGETT, BEVERLY
 STREET ADDRESS 3811 BARBAROSSA AVENUE
 CITY-ST-ZIP SEBRING FL 33872

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

TITLE D ☐ Delete
 NAME HAVLOCK, MILLIE
 STREET ADDRESS 5535 U.S. HIGHWAY 27 SOUTH
 CITY-ST-ZIP SEBRING FL 33870

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/2002 863-471-1122

CR2E037 (9/01)